



FY2011 Adult Annual Performance Improvement Report

December 2011

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Division of Behavioral Health Services
Bureau of Quality Management Operations

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Executive Summary

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) FY2011 Adult Annual Performance Improvement Report provides ADHS/DBHS stakeholders and members with a yearly status update on performance across contractual performance measures. This information is shared within the larger context of the DBHS Behavioral Health Outcomes Framework, divided into the categories of access, service delivery, coordination/collaboration, and outcomes. Performance and national outcomes measures, survey results, and related complaint metrics are presented to provide a comprehensive perspective.

Table 1 shows the FY2011 adult performance measure results, along with the Minimum Performance Standard (MPS) for each. The MPS was exceeded statewide for two of the four measures. Performance on the Behavioral Health Service Plan (BHSP) measure fell significantly from last year, affected by a variety of factors, including more stringent requirements and a large sample size to meet a 95 percent confidence level and 5 percent error rate. ADHS/DBHS convened a focus group with Regional Behavioral Health Authorities (RBHAs), and together they identified root causes and interventions to address them. BHSP performance measure activities are the topic of performance improvement efforts for FY2012. Though not meeting the MPS, scores for the adult Behavioral Health Service Provision performance measure showed increases for most of the RBHAs and statewide.

Table 1. ADHS/DBHS Adult Performance Measure Results for FY2011 by RBHA and Statewide

GSA / RBHA	Access to Care 23 Day	BH Service Plan	BH Service Provision	Coordination of Care (Communication)
	MPS: 85%	MPS: 85%	MPS: 85%	MPS: 70%
GSA 1 - NARBHA	92%	39%	80%	85%
GSA 2 - Cenpatenco 2	95%	41%	77%	84%
GSA 3 - Cen 3/CPSA 3*	85%	31%	74%	83%
GSA 4 - Cenpatenco 4	90%	50%	76%	71%
GSA 5 - CPSA 5	94%	32%	79%	89%
GSA 6 - Magellan	93%	44%	85%	76%
Statewide	92%	39%	79%	81%

*As of 12/1/2010, responsibility for GSA 3 moved from CPSA to Cenpatenco.

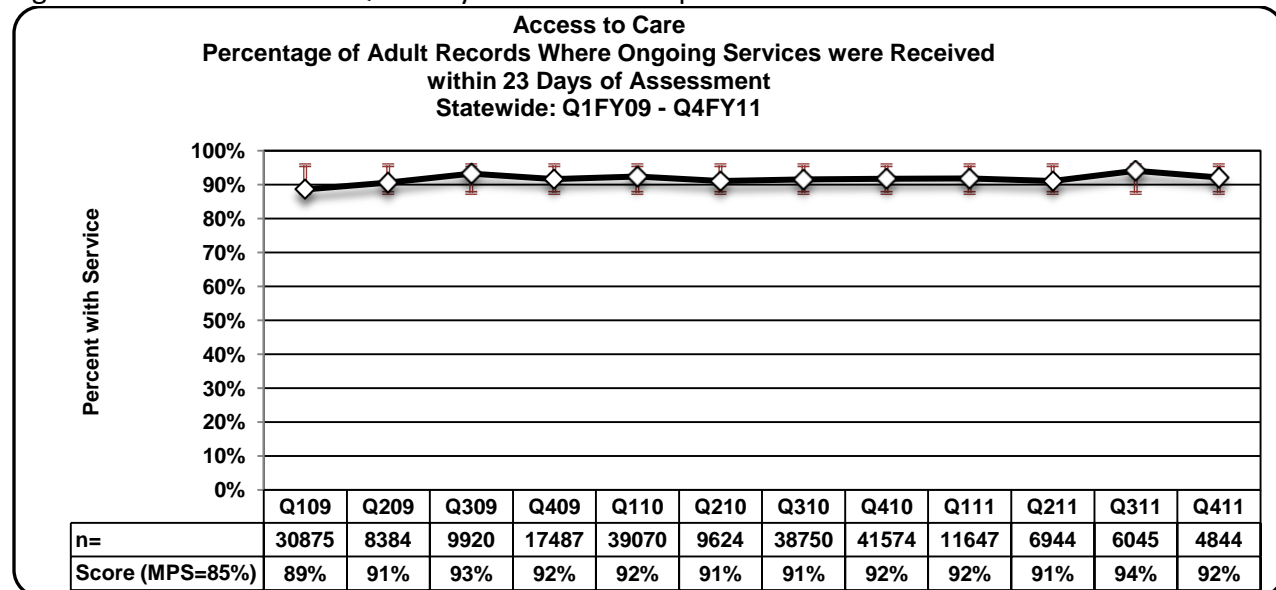
Adult Access to Care

General Analysis

The Access to Care performance measure is described as “the percent of Arizona Health Care Cost Containment System (AHCCCS) members referred for or requesting behavioral health services for whom the first service was provided within 23 days of the initial assessment.” Information from the Arizona Department of Health Services (ADHS)/Division of Behavioral Health Services (DBHS) Demographics System is used to define the measure’s population, and assessments and service delivery are identified with encounter data. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values will be 90 and 95 percent for FY2012.

Prior to this year, the metric was based on a rolling four quarters of data with a quarter (90 day) lag time; ADHS/DBHS is now reporting each quarter as a snapshot, with a restatement of the two previous quarters to reflect the arrival of additional encounters. Figure 1 shows quarterly statewide performance for FY2009 through FY2011; the error bars on the chart represent three standard deviations from the mean of the plotted values.

Figure 1. Access to Care – Quarterly Percent in Compliance for Adults



All of the RBHAs met the MPS of 85 percent for this measure, as seen in Table 2. The column labeled “p value” reflects whether the change from FY2010 to FY2011 is statistically significant at the 0.05 level, with red reflecting a decline and green an increase. GSA 4 had a statistically significant decline from FY2010, though met the MPS. Figures 2 and 3 show quarterly RBHA performance for FY2010 and FY2011.

Table 2. Access to Care – Annual Percent in Compliance for Adults by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	91	92	(ns)
GSA 2 - Cenpatico 2	93	95	(ns)
GSA 3 - Cen 3/CPSA 3	88	85	(ns)
GSA 4 - Cenpatico 4	96	90	(0.00)
GSA 5 - CPSA 5	94	94	(ns)
GSA 6 - Magellan	91	93	(ns)
Statewide	92	92	(ns)

Figure 2. Access to Care – Quarterly Percent in Compliance for Adults in GSAs 1 - 3

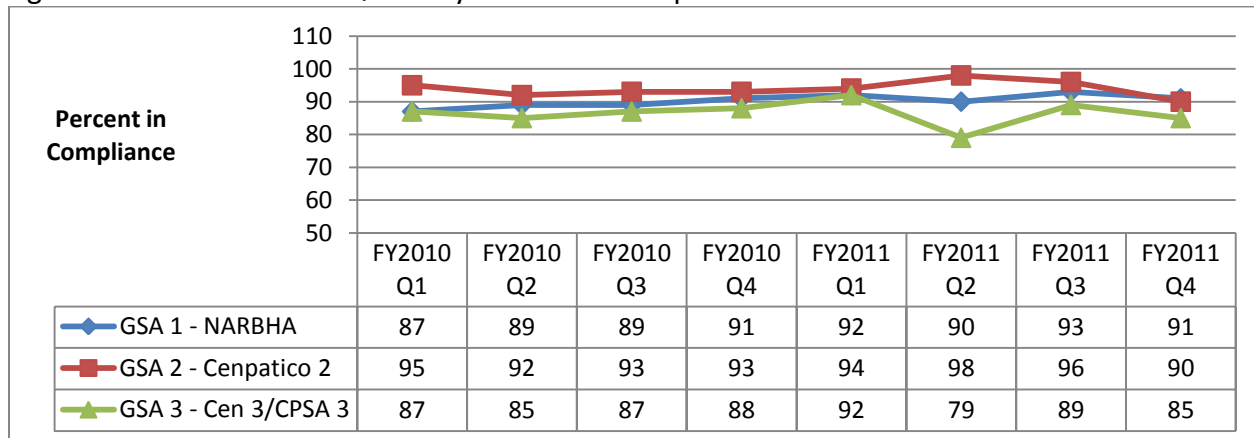
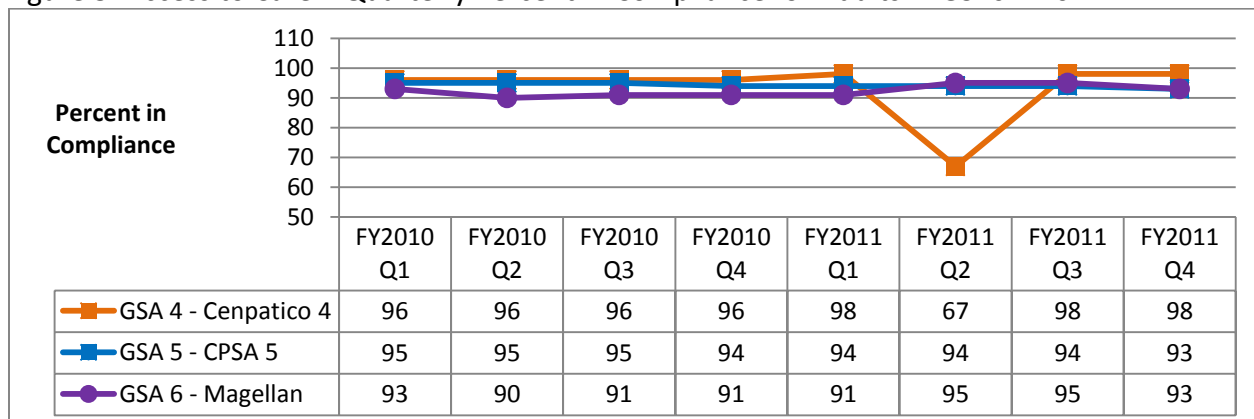


Figure 3. Access to Care – Quarterly Percent in Compliance for Adults in GSAs 4 - 6



Analysis of Developmentally Disabled and Non-Developmentally Disabled Subpopulations

Quarterly Access to Care compliance rates for the Developmentally Disabled (DD) and non-DD adult subpopulations for FY2011 are shown in Figure 4. Annual Access to Care compliance rates for non-DD and DD adult subpopulations by RBHA and statewide are presented in Table 3. Statewide annual rates for the non-DD and DD adult subpopulations are 92 and 85 percent, respectively; the difference in the rates is statistically significant at the 0.05 level. This performance measure is based on members with a new episode of care in the review period. The DD subpopulation made up 0.7 percent of the members in this adult performance measure, though DD members are approximately 2.4 percent of the adult DD population.

Figure 4. Access to Care – Quarterly Percent in Compliance for Non-DD and DD Adults

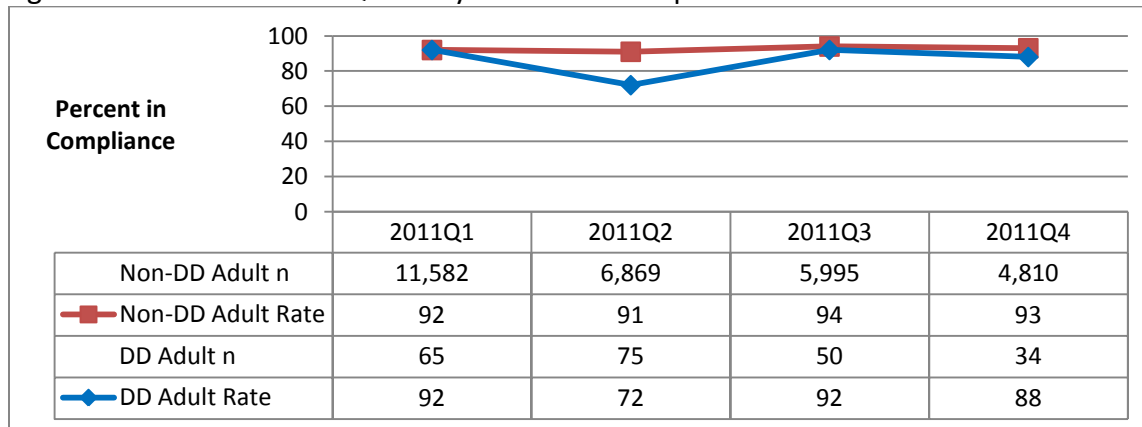


Table 3. Access to Care – FY2011 Annual Performance Measure Results for Non-DD and DD Adults by RBHA and Statewide

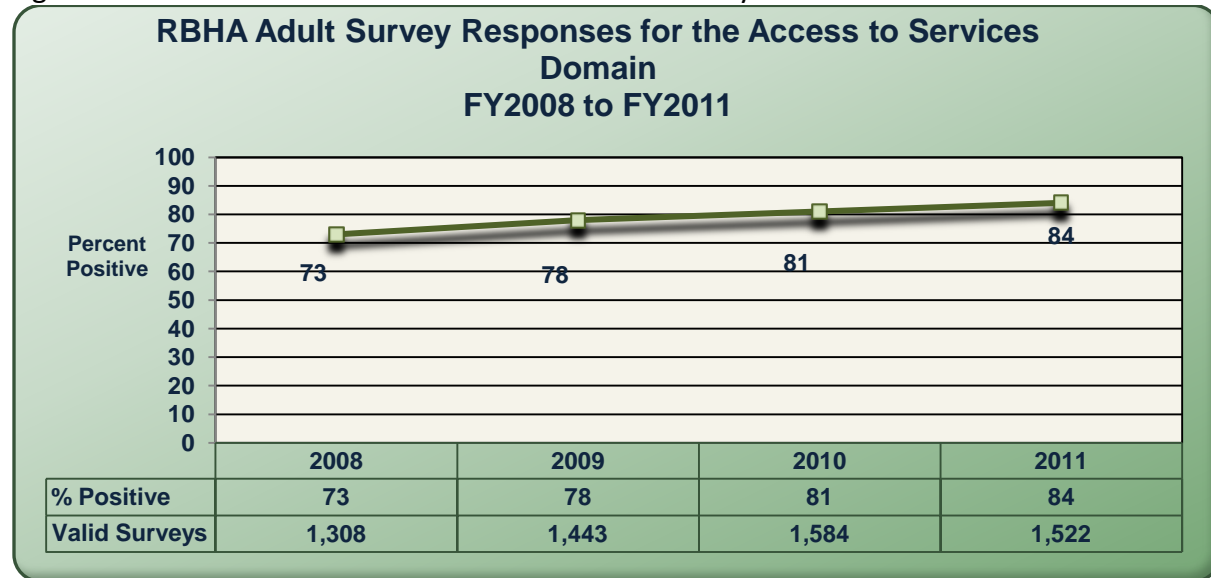
	Non-DD Adults		DD Adults	
	Qualifying Members	Compliance Rate	Qualifying Members	Compliance Rate
GSA 1 - NARBHA	5,339	92	31	87
GSA 2 - Cenpatenco 2	670	95	1	100
GSA 3 - Cen 3/CPSA 3	1,337	85	37	60
GSA 4 - Cenpatenco 4	981	90	18	100
GSA 5 - CPSA 5	7,036	94	54	91
GSA 6 - Magellan	13,893	93	83	88
Statewide	29,256	92	224	85

Access to Care – Related information

ADHS/DBHS Annual Consumer Survey

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including "Access to Services." Figure 5 shows statewide results for that domain for the 2008 through 2011 survey administrations. The percent of positive responses has had an increasing trend during that time. Please see the 2011 Annual Consumer Survey Report for additional information.

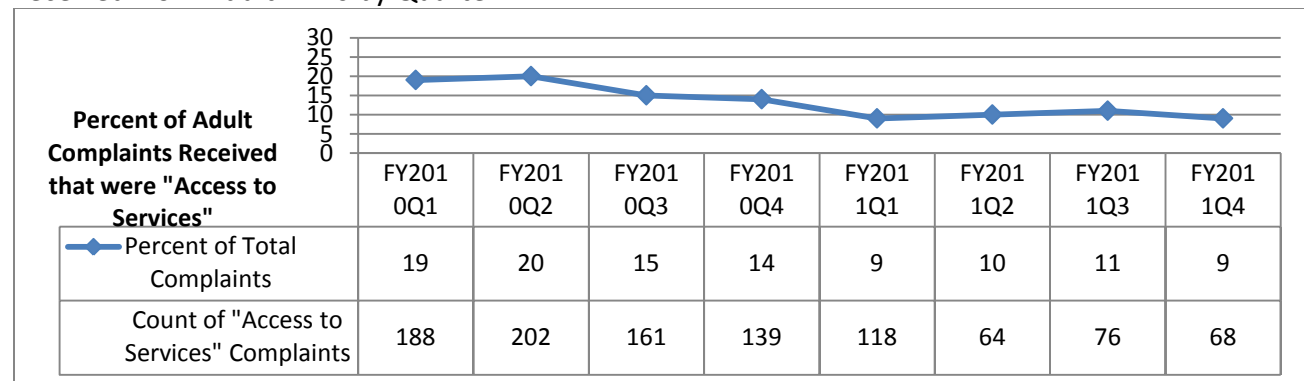
Figure 5. Access to Care – Annual Adult Consumer Survey Results for Access to Services Domain



Data from Monthly Complaint Logs from the RBHAs

Complaints from Behavioral Health recipients (BHRs) can help to complete the picture of performance. Figure 6 contains the percent of total complaints and count of complaints in the "Access to Services" category, showing a downward trend. That category includes subcategories such as timeliness, office/appointment wait time, and no provider to meet needs.

Figure 6. Access to Care – Percent of Total Received and Count of "Access to Services" Complaints Received from Adult BHRs by Quarter



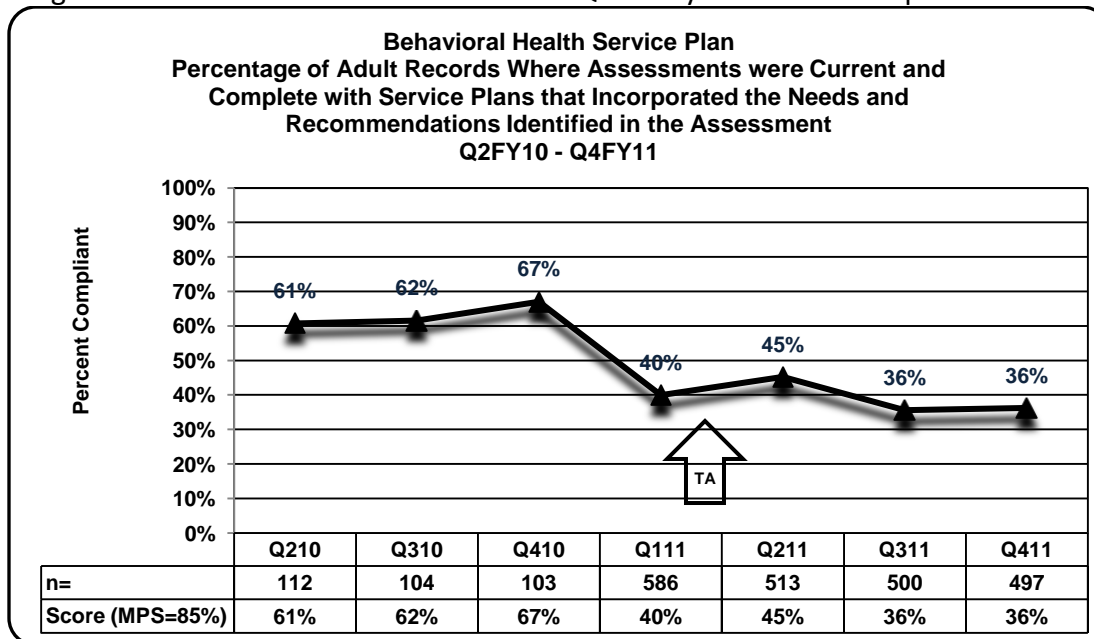
Adult Behavioral Health Service Planning

General Analysis

The Behavioral Health Service Plan (BHSP) performance measure is described as “the percent of AHCCCS members with current service plans that incorporate the needs and service recommendations identified in their assessments.” Assessments and service plans for a random sample of members are reviewed to derive the data for the measure. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values are unchanged for FY2012.

There were a number of changes and data limitations that posed challenges during FY2011. First, unlike FY2010 when the RBHAs performed the reviews, ADHS reviewed the charts in FY2011. Second, beginning in this fiscal year the performance measure was changed to require signatures on the assessment and service plan by certain dates. Technical assistance was provided when the changes were implemented. Third, each GSA’s random sample had been drawn to meet a 95 percent confidence level and a 5 percent error rate, requiring a significant effort to collect and process the 2,096 adult BHR charts. A 90 percent confidence level and 10 percent error rate had been used in FY2010, resulting in a review of 319 charts. We have returned to a 90/10 sample in FY2012. Fourth, delayed synchronization of the AHCCCS and ADHS data systems contributed to late Q2 and Q3 starts on this measure, such that samples for those quarters were first drawn in May 2011. Given that data processes are now more fully seasoned, these delays can be avoided in the future. Figure 7 shows quarterly statewide performance since the measure began in the second quarter of FY2010.

Figure 7. Behavioral Health Service Plan – Quarterly Percent in Compliance for Adults



There was a decrease in BHSP compliance rates from FY2010 to FY2011 for all GSAs as well as statewide, with most of the declines being statistically significant at the 0.05 level (see Table 4). None

of the GSAs met the MPS of 85% at any quarter in the fiscal year as seen in Figures 8 and 9. ADHS/DBHS convened a focus group with the RBHAs in November 2011 to investigate the root causes of the low compliance rates, and to identify ways to address those issues. The results from that meeting have contributed to performance improvement efforts undertaken by ADHS/DBHS and the RBHAs, which will continue, along with technical assistance, through FY2012.

Table 4. Behavioral Health Service Plan – Annual Percent in Compliance for Adults by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	82	39	(0.00)
GSA 2 - Cenpatico 2	47	41	(ns)
GSA 3 - Cen 3/CPSA 3	45	31	(0.00)
GSA 4 - Cenpatico 4	57	50	(ns)
GSA 5 - CPSA 5	75	32	(0.00)
GSA 6 - Magellan	75	44	(0.00)
Statewide	63	39	(0.00)

Figure 8. Behavioral Health Service Plan – Quarterly Percent in Compliance for Adults in GSAs 1 - 3

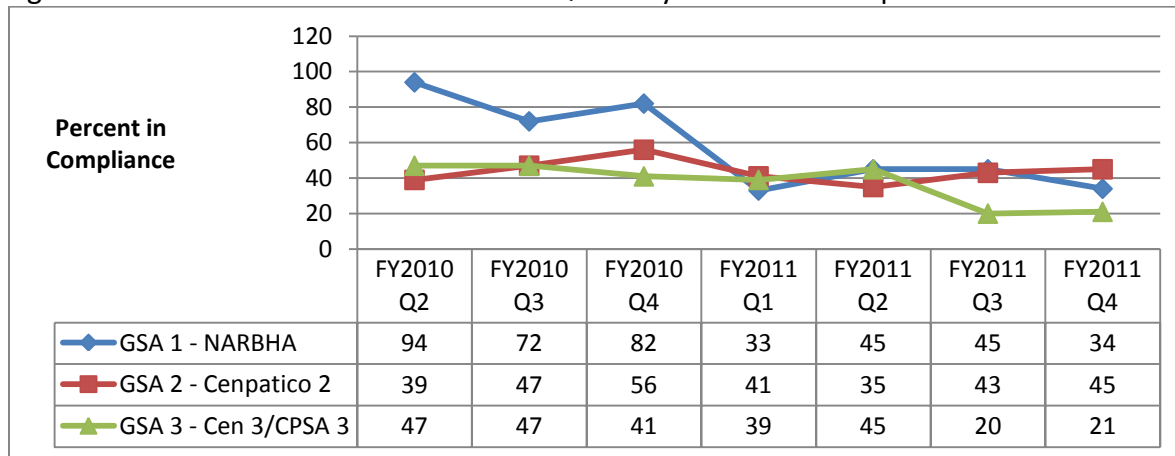
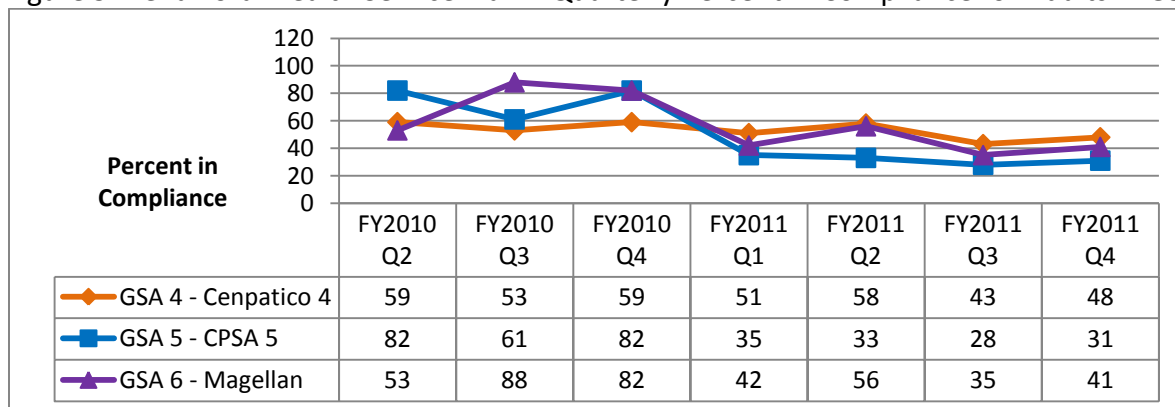


Figure 9. Behavioral Health Service Plan – Quarterly Percent in Compliance for Adults in GSAs 4 - 6



Analysis of DD and Non-DD Subpopulations

Quarterly BHSP compliance rates for the non-DD and DD subpopulations for FY2011 are shown in Figure 10, and annual compliance rates by RBHA are presented in Table 5. The difference in statewide annual BHSP compliance rates is statistically significant at the 0.05 level. Adult DD BHRs represented 2.7 percent of the performance measure sample, similar to the statewide proportion of adult DD members, which is approximately 2.4 percent.

Figure 10. Behavioral Health Service Plan – Quarterly Percent in Compliance for Non-DD and DD Adults

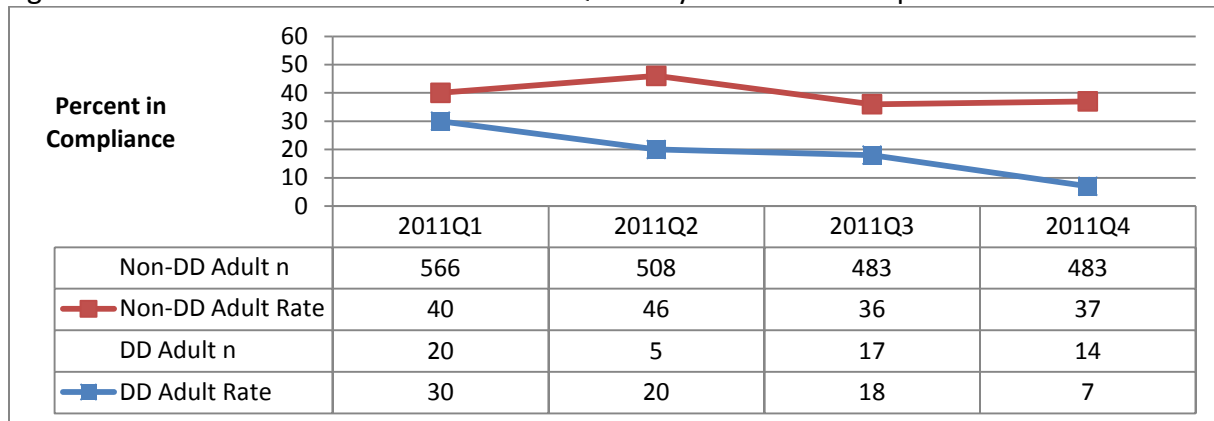


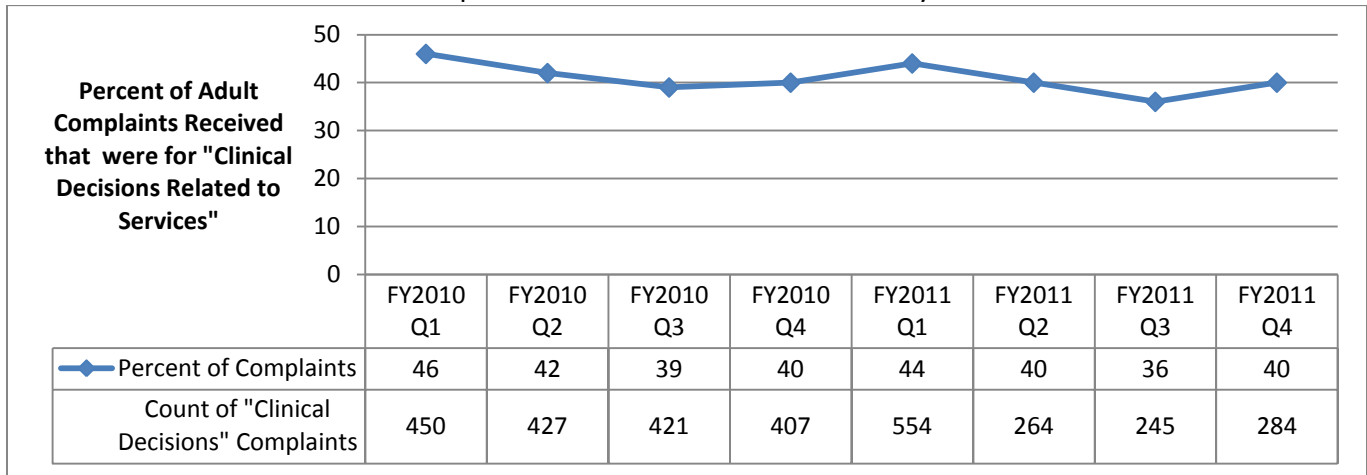
Table 5. Behavioral Health Service Plan – FY2011 Annual Performance Measure Results for Non-DD and DD Adults

	Non-DD Members		DD Members	
	Charts Reviewed	Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	370	39	5	20
GSA 2 - Cenpatenco 2	337	41	7	29
GSA 3 - Cen 3/CPSA 3	324	32	8	0
GSA 4 - Cenpatenco 4	330	51	9	33
GSA 5 - CPSA 5	371	32	16	19
GSA 6 - Magellan	308	45	11	18
Statewide	2,040	40	56	20

Behavioral Health Service Planning – Related information

Member complaints can help to complete the picture of performance. Figure 11 contains the percent of total complaints and count of complaints in the “Clinical Decisions Related to Services” category. That category includes subcategories such as concerns regarding medication and assessment/service plan content.

Figure 11. Behavioral Health Service Planning – Percent of Total Received and Count of “Clinical Decisions Related to Services” Complaints Received from Adult BHRs by Quarter

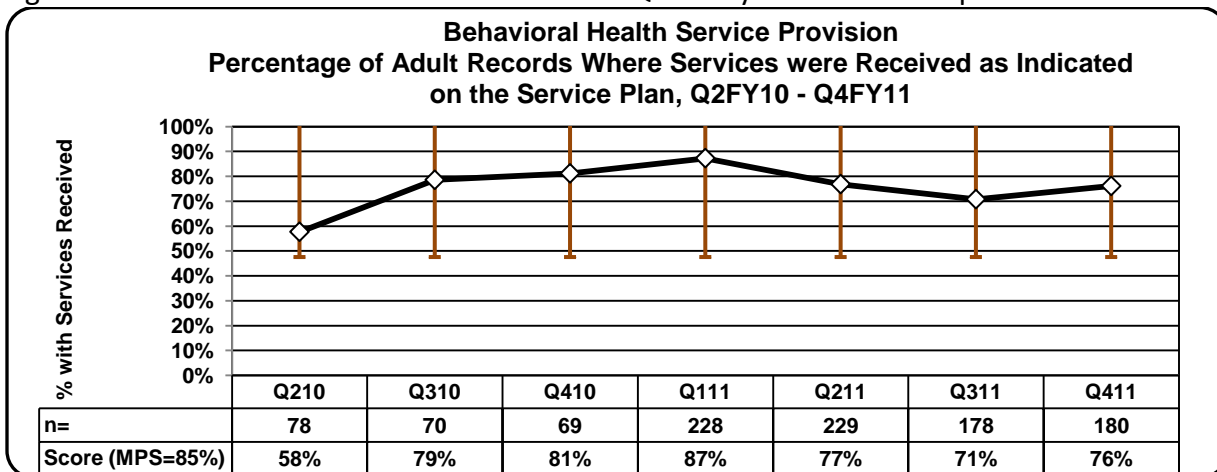


Adult Behavioral Health Service Provision

General Analysis

The Behavioral Health Service Provision (BHSPv) performance measure is based on Behavioral Health Service Plan (BHSP) information, measuring “the percent of AHCCCS members who received the services that were recommended in their Service Plans.” Encounters for sampled members who were found to have current and complete Service Plans during the BHSP review are analyzed to determine whether recommended services have occurred. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values are unchanged for FY2012. Figure 12 shows quarterly statewide rates since the measure began in the second quarter of FY2010; the error bars on the chart represent three standard deviations from the mean of the plotted values.

Figure 12. Behavioral Health Service Provision – Quarterly Percent in Compliance for Adults



Though the statewide annual BHSPv compliance rate improved from 73 in FY2010 to 79 in FY2011, the change was not statistically significant at the 0.05 level, and did not meet the MPS of 85 percent (see Table 6).

Table 6. Behavioral Health Service Provision – Annual Percent in Compliance for Adults by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	75	80	(ns)
GSA 2 - Cenpatenco 2	70	77	(ns)
GSA 3 - Cen 3/CPSA 3	91	74	(0.00)
GSA 4 - Cenpatenco 4	68	76	(ns)
GSA 5 - CPSA 5	78	79	(ns)
GSA 6 - Magellan	58	85	(0.00)
Statewide	73	79	(ns)

Compliance rates at the GSA level for BHSPv generally improved, with Magellan showing a statistically significant increase from 58 to 85. The compliance rate for GSA 3 declined from last year; all RBHAs except for Magellan will receive a Corrective Action Plan for not meeting the BHSPv MPS, as per the recommendation of the ADHS/DBHS QM Committee. See Figures 13 and 14 for quarterly RBHA performance.

Figure 13. Behavioral Health Service Provision – Quarterly Percent in Compliance for Adults in GSAs 1 - 3

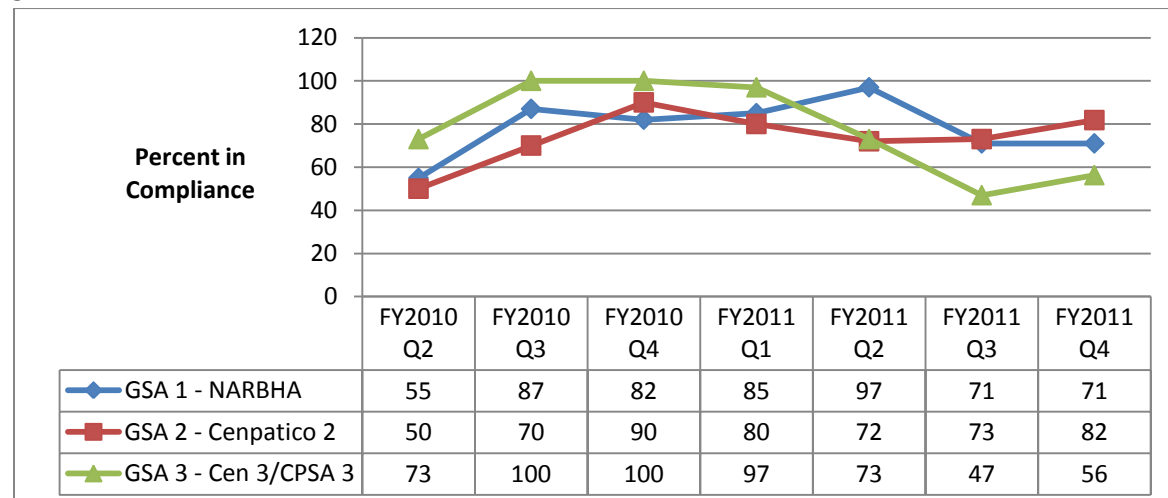
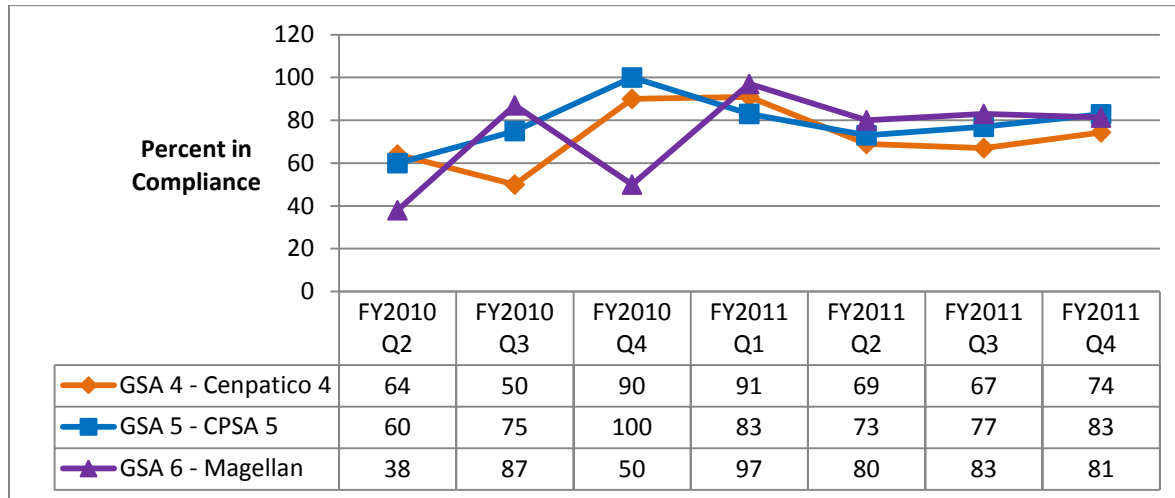


Figure 14. Behavioral Health Service Provision – Quarterly Percent in Compliance for Adults in GSAs 4 - 6



Analysis of DD and Non-DD Subpopulations

Quarterly BHSPv compliance rates for the DD and non-DD adult subpopulations for FY2011 are shown in Figure 15. The difference in statewide annual compliance rates is statistically significant at the 0.05 level, though the number of DD charts is very small. The number of charts reviewed and compliance rates by RBHA are presented in Table 7. As noted, this Service Provision measure is based on results of the Service Plan measure, so a sample is not directly selected for this measure. Adult DD members make up approximately 2.4 percent of the Title XIX/XXI adult population statewide, though were only 11 of the 815 charts (1.3 percent) reviewed in this performance measure.

Figure 15. Behavioral Health Service Provision – Statewide Quarterly Percent in Compliance for Non-DD and DD Adults

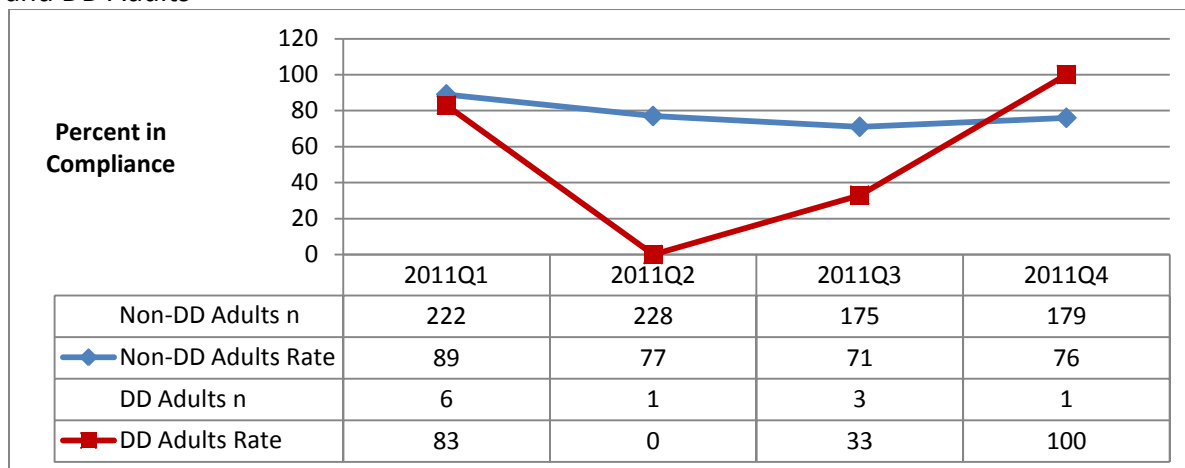


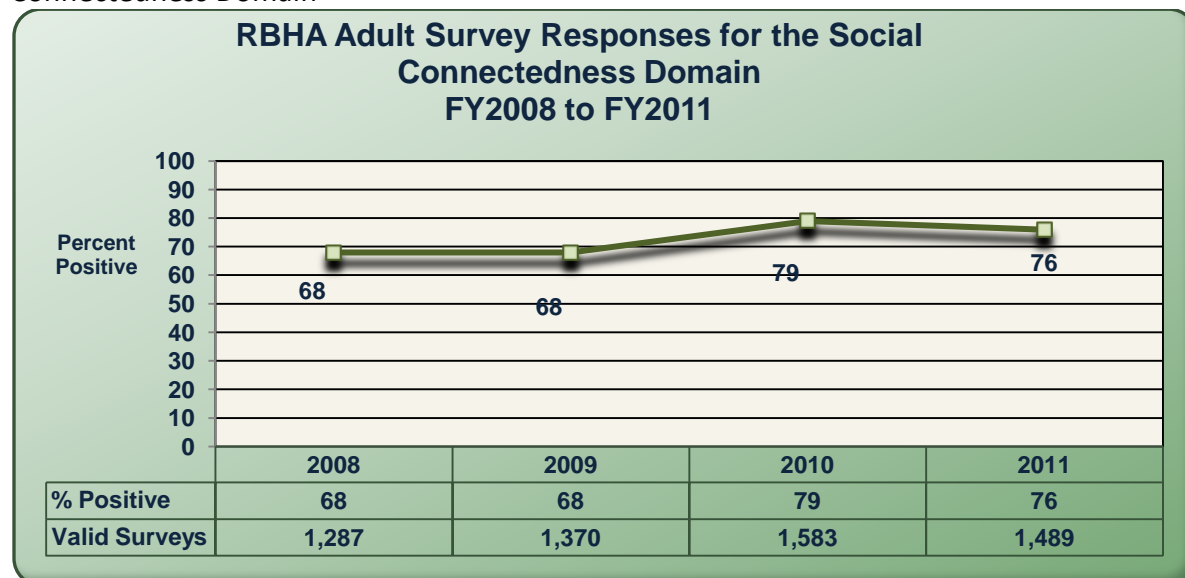
Table 7. Behavioral Health Service Provision – Annual Performance Measure Results for Non-DD and DD Adults by RBHA and Statewide

	Non-DD Adults		DD Adults	
	Charts Reviewed	Compliance Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	135	80	1	100
GSA 2 - Cenpatico 2	139	78	2	50
GSA 3 - Cen 3/CPSA 3	97	74	0	N/A
GSA 4 - Cenpatico 4	162	77	3	33
GSA 5 - CPSA 5	133	78	3	100
GSA 6 - Magellan	138	86	2	50
Statewide	804	79	11	64

Behavioral Health Service Provision – Related information

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including “Social Connectedness,” which reflects the BHR’s perspective of available support. Figure 16 shows statewide results for that domain for the 2008 through 2011 survey administrations.

Figure 16. Behavioral Health Service Provision – Annual Adult Consumer Survey Results for Social Connectedness Domain

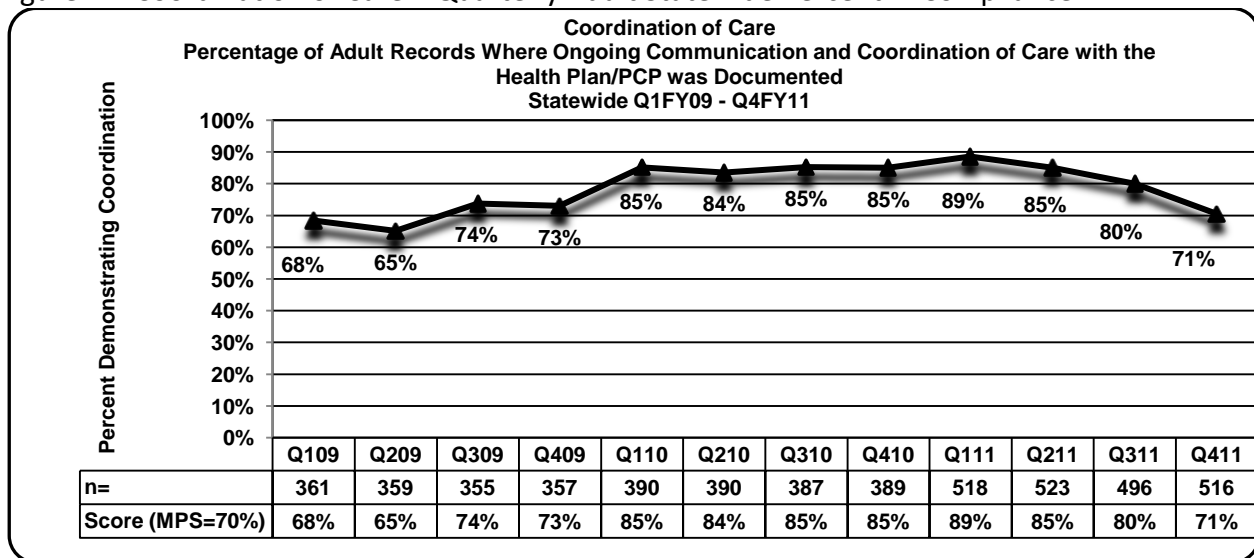


Adult Coordination of Care

General Analysis

The Coordination of Care performance measure reflects the extent to which behavioral health service providers communicated behavioral health clinical and contact information to members' Primary Care Physicians/Health Plans. This measure had been known in previous years as "Coordination of Care # 2 – Communication". The measure is calculated from the results of a chart audit of a sample of members, performed by the RBHAs each quarter. The resulting rate is the percentage of sampled members with chart evidence of that communication. This measure's Minimum Performance Standard (MPS) and Goal for FY2011 are 70 and 90 percent, respectively; those values will be 85 and 95 percent for FY2012. Figure 17 shows quarterly statewide performance since FY2009.

Figure 17. Coordination of Care – Quarterly Adult Statewide Percent in Compliance



The FY2011 statewide Coordination of Care annual rate decreased from the FY2010 rate, though the decline is not statistically significant at the .05 level (Table 8). Performance by RBHA is shown in Figures 18 and 19. The annual percent compliance for GSA 4 members shows a statistically significant decrease, for which a Corrective Action Plan has been initiated. Based on the 11/30/2011 recommendation of the ADHS/DBHS QM Committee, RBHAs performing at less than 85 percent this fiscal year will be sent an advisory letter detailing the expectation of improvement in FY2012. As noted, the Coordination of Care MPS for FY2012 is 85 percent.

Table 8. Coordination of Care – Annual Adult Percent in Compliance by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=70%)	FY2011 (MPS=70%)	p value
GSA 1 - NARBHA	89	85	(ns)
GSA 2 - Cenpatico 2	83	84	(ns)
GSA 3 - Cen 3/CPSA 3	84	83	(ns)
GSA 4 - Cenpatico 4	87	71	(0.00)
GSA 5 - CPSA 5	87	89	(ns)
GSA 6 - Magellan	79	76	(ns)
Statewide	85	81	(ns)

Figure 18. Coordination of Care – Quarterly Adult Percent in Compliance for GSAs 1 - 3

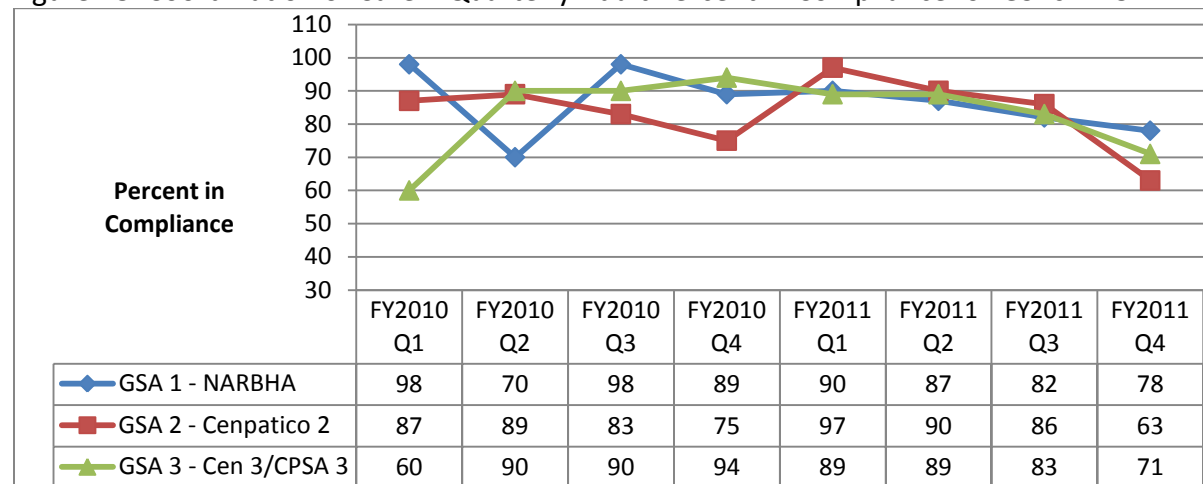
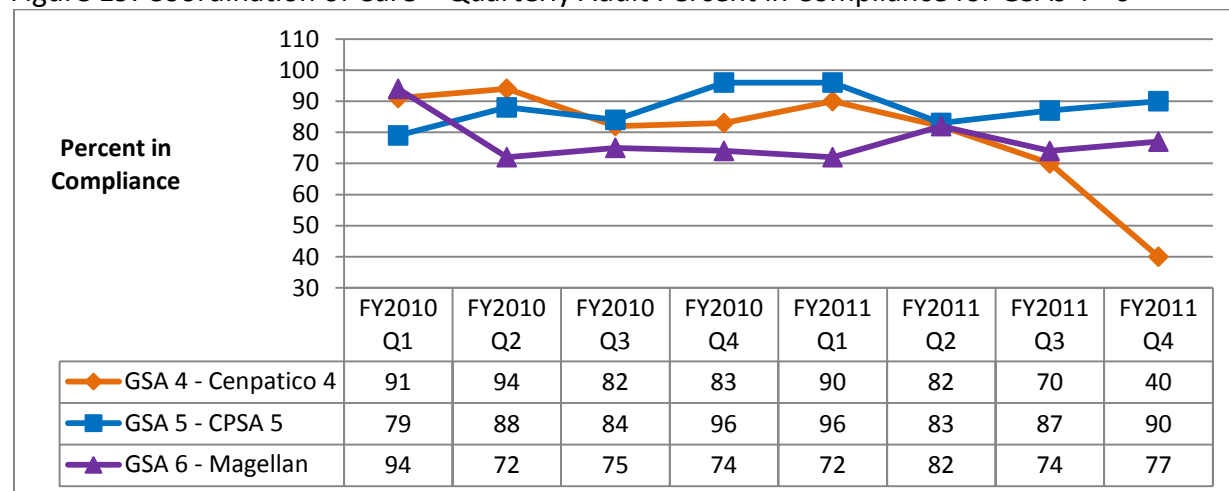


Figure 19. Coordination of Care – Quarterly Adult Percent in Compliance for GSAs 4 - 6



Analysis of DD and Non-DD Subpopulations

Charts for adult DD members were reviewed for the Coordination of Care performance measure, though a DD-specific sample was not drawn. Quarterly statewide rates are shown in Figure 20. The difference in FY2011 compliance rates for DD and non-DD members was not statistically significant at the 0.05 level (Table 9). Charts for adult DD members made up 4 percent of this measure, though adult DD members are 2.4 percent of the adult Title XIX population statewide.

Figure 20. Coordination of Care – Rate and Sample Size for DD and Non-DD Adults by Quarter

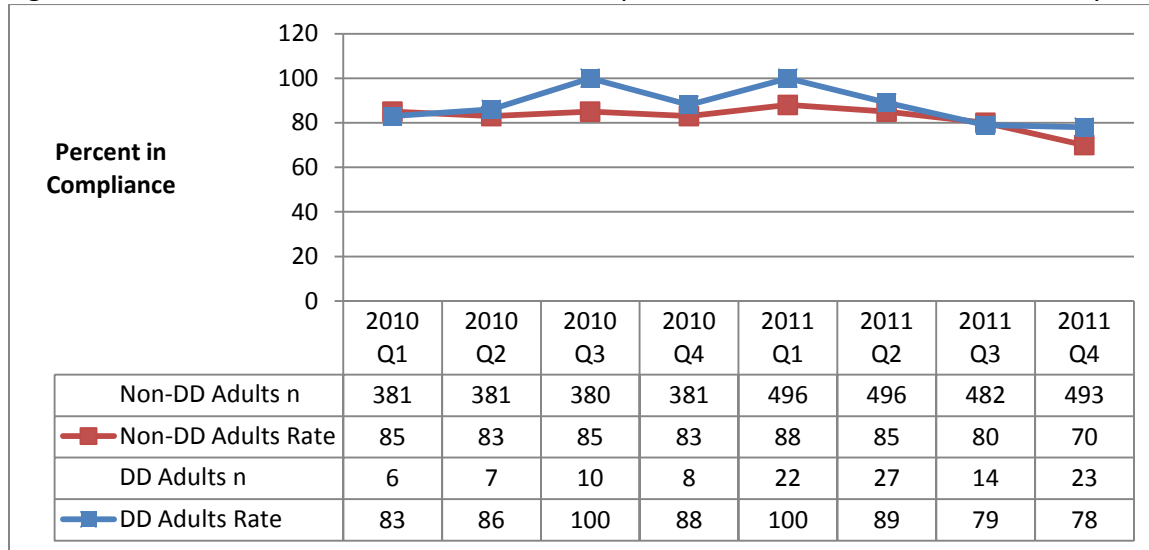


Table 9. Coordination of Care – FY2011 Annual Performance Measure Results for Non-DD and DD Adults by RBHA and Statewide

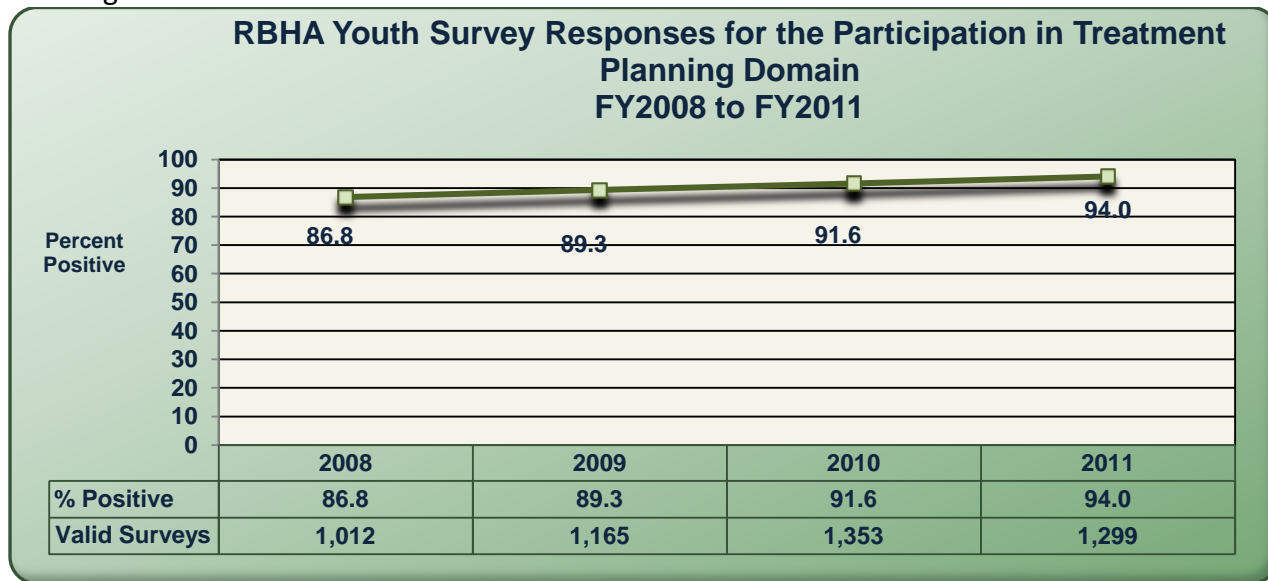
	Non-DD Adults		DD Adults	
	Charts Reviewed	Compliance Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	348	85	20	75
GSA 2 - Cenpatico 2	296	84	9	89
GSA 3 - Cen 3/CPSA 3	279	83	14	79
GSA 4 - Cenpatico 4	329	70	8	100
GSA 5 - CPSA 5	355	89	15	93
GSA 6 - Magellan	360	75	20	95
Statewide	1,967	81	86	87

Coordination of Care – Related information

ADHS/DBHS Annual Consumer Survey

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including “Participation in Treatment Planning.” Figure 21 shows statewide results for that domain for the 2008 through 2011 survey administrations. The percent of positive responses has had an increasing trend during that time.

Figure 21. Coordination of Care – Annual Adult Consumer Survey Results for Participation in Treatment Planning Domain



Data from Monthly Complaint Logs from the RBHAs

Approximately 5 percent of the complaints received from adult members in FY2011 were in the Coordination of Care category, for a count of 168 complaints. This low percentage is similar to the 4 percent or 177 complaints in that category received in FY2010.

Adult National Outcome Measures

ADHS/DBHS uses certain National Outcomes Measures (NOMs) domains as defined by the Substance Abuse and Mental Health Services Administration to assess BHR treatment outcomes. Information for the measures is pulled from the Client Information Systems (CIS), comparing each metric at intake to update/discharge. FY2011 results are presented here (Figures 22 – 27) by behavioral health category, with domains defined as follows:

- Education: the BHR is attending school or a vocational program.
- Employment: the BHR is employed full or part time with and without supports.
- Substance Abstinence: the BHR has a history of drug/alcohol use, and reports no use of alcohol or other drugs in the 30 days prior to the assessment.

- **Stable Housing:** the BHR is not homeless, but is living independently, at home with family, or in therapeutic foster care.
- **Arrest-Free:** the percent of BHRs reporting no arrest in the 30 days prior to assessment.
- **Participation in Self-help Group:** the BHR has participated in a self-help or recovery group in the past 30 days.

All of the changes in the measures were statistically significant at the 0.05 level.

Figure 22. FY2011 National Outcome Measures – Percent of Adults in School or Vocational Program by Behavioral Health Category

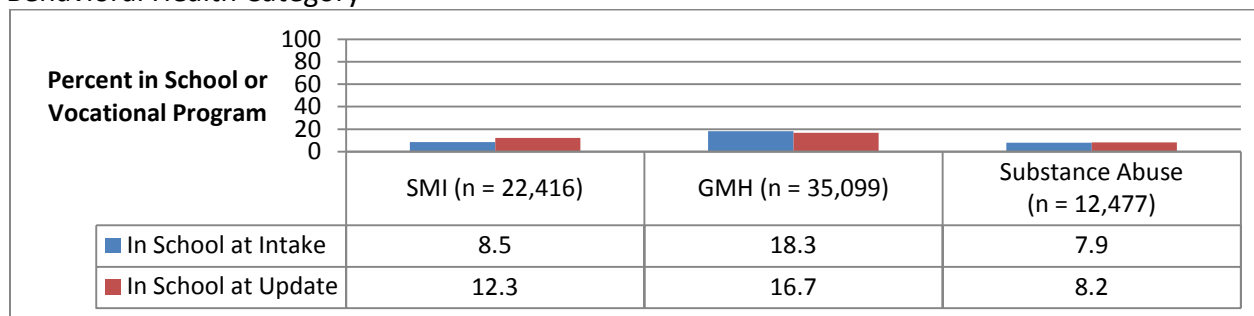


Figure 23. FY2011 National Outcome Measures – Percent of Adults Employed by Behavioral Health Category

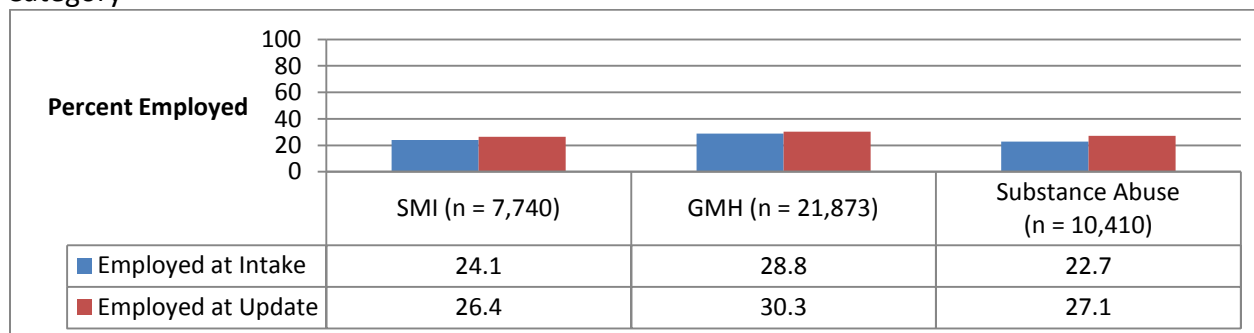


Figure 24. FY2011 National Outcome Measures – Percent of Adults Abstaining from Substance Abuse by Behavioral Health Category

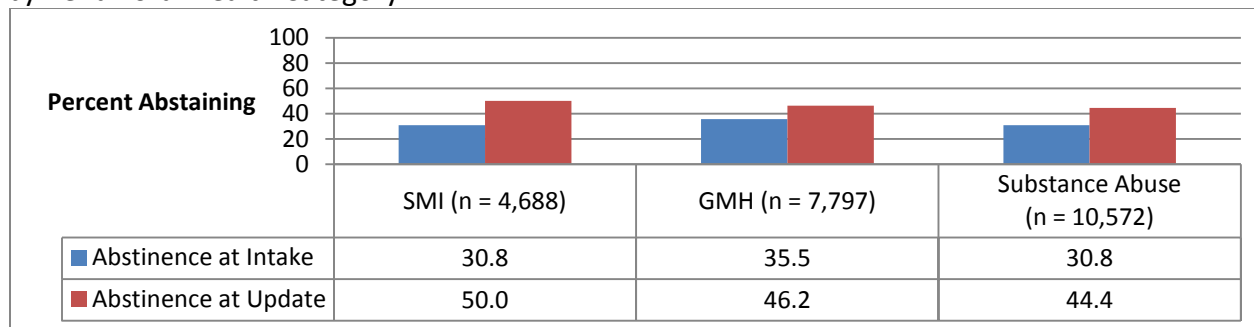


Figure 25. FY2011 National Outcome Measures – Percent of Adults in Stable Housing by Behavioral Health Category

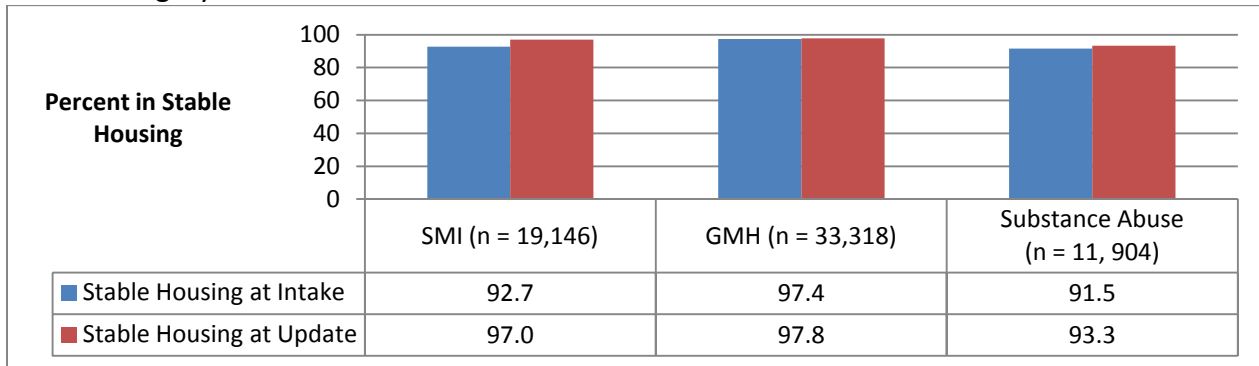


Figure 26. FY2011 National Outcome Measures – Percent of Arrest-Free Adults by Behavioral Health Category

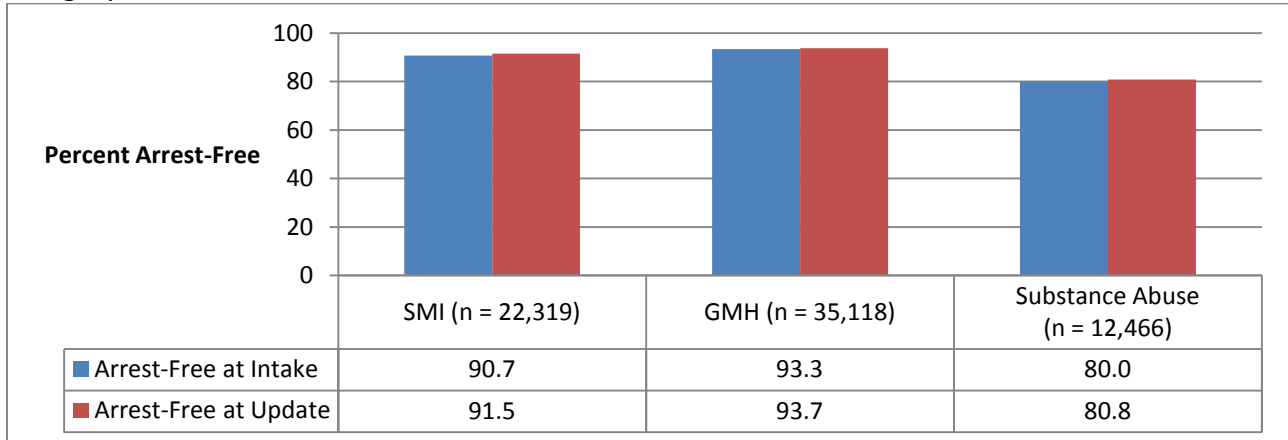
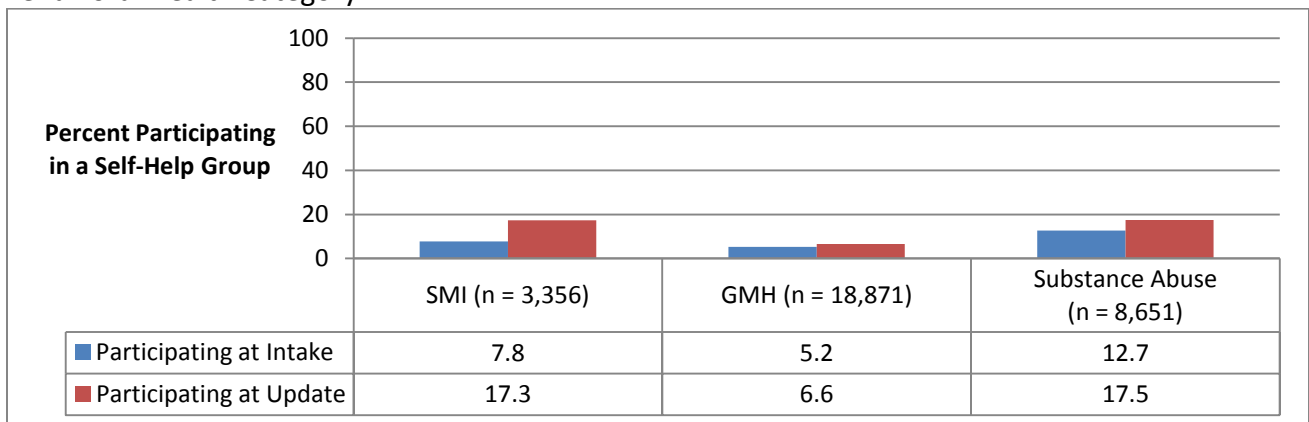


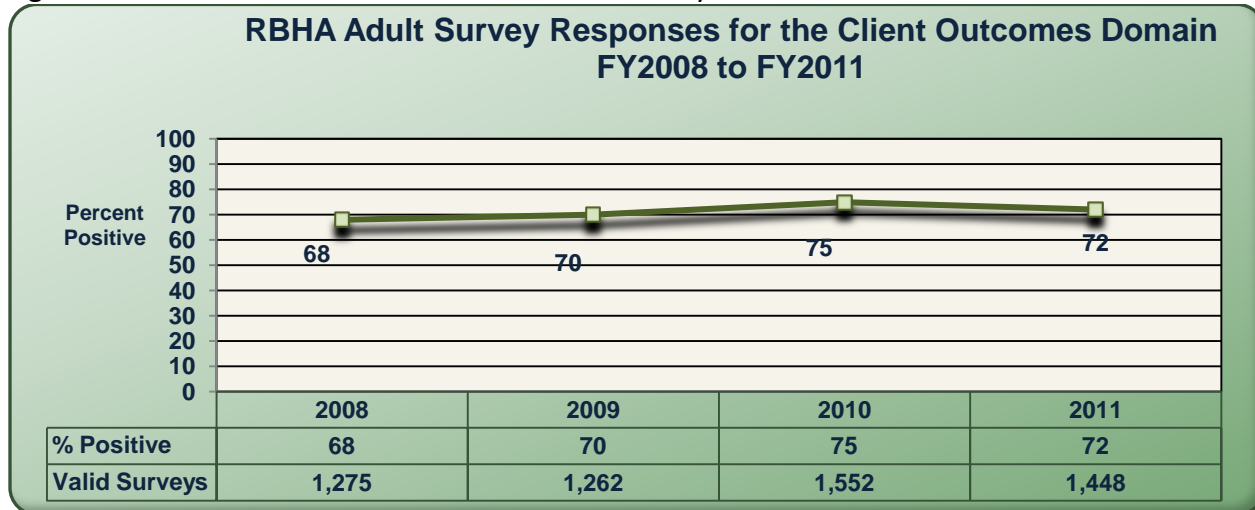
Figure 27. FY2011 National Outcome Measures – Percent of Adults Participating in a Self-Help Group by Behavioral Health Category



Outcomes – Related information

A sample of members participates in the Mental Health Statistics Improvement Program (MHSIP) Adult Consumer Survey annually. Questions are organized into seven domains, including “Outcomes.” Figure 28 shows statewide results for that domain for the 2008 through 2011 survey administrations.

Figure 28. Outcomes – Annual Adult Consumer Survey Results for the Outcomes Domain



List of Acronyms

Annual Performance Improvement Report

Acronyms	Description
ADHS/DBHS	Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS	Arizona Health Care Cost Containment System
BHR	Behavioral Health Recipient
BHSP	Behavioral Health Service Plan
BHSPv	Behavioral Health Service Provision
CBHS	Cenpatico Behavioral Health Services
CIS	Client Information System
CPSA	Community Partnership of Southern Arizona
DD	Developmental Disabilities
GMH	General Mental Health
GSA	Geographical Service Area
MHSIP	Mental Health Statistics Improvement Program
MPS	Minimum Performance Standard
NARBHA	Northern Arizona Regional Behavioral Health Authority
NOMs	National Outcomes Measures
QM	Quality Management
RBHA	Regional Behavioral Health Authority
SA	Substance Abuse
SAMSHA	Substance Abuse and Mental Health Services Administration
SMI	Serious Mental Illness
RBHA	Regional Behavioral Health Authority
YSS-F	Youth Services Survey for Families



FY2011 Children's Annual Performance Improvement Report

December 2011

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Arizona Department of Health Services
Division of Behavioral Health Services
Bureau of Quality Management Operations

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Executive Summary

The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) FY2011 Children's Annual Performance Improvement Report provides ADHS/DBHS stakeholders and members with a yearly status update on performance across contractual performance measures. This information is shared within the larger context of the DBHS Behavioral Health Outcomes Framework, divided into the categories of access, service delivery, coordination/collaboration, and outcomes. Performance and national outcomes measures, survey results, and related complaint metrics are presented to provide a comprehensive perspective.

Table 1 shows the FY2011 children performance measure results, along with the Minimum Performance Standard (MPS) for each. The MPS was met or exceeded statewide for three of the four measures. Performance on the Behavioral Health Service Plan (BHSP) measure fell significantly from last year, affected by a variety of factors, including more stringent requirements and a large sample size to meet a 95 percent confidence level and 5 percent error rate. ADHS/DBHS convened a focus group with Regional Behavioral Health Authorities (RBHAs), and together they identified root causes and interventions to address them. BHSP performance measure activities are the topic of performance improvement efforts for FY2012.

Table 1. ADHS/DBHS Children Performance Measure Results for FY2011 by RBHA and Statewide

GSA / RBHA	Access to Care 23 Day	BH Service Plan	BH Service Provision	Coordination of Care (Communication)
	MPS: 85%	MPS: 85%	MPS: 85%	MPS: 70%
GSA 1 – NARBHA	89%	35%	77%	86%
GSA 2 – Cenpatico 2	96%	35%	78%	87%
GSA 3 – Cen 3/CPSA 3*	88%	35%	89%	73%
GSA 4 – Cenpatico 4	97%	60%	86%	81%
GSA 5 – CPSA 5	93%	36%	85%	86%
GSA 6 – Magellan	92%	29%	96%	73%
Statewide RBHA	92%	38%	85%	81%

*As of 12/1/2010, responsibility for GSA 3 moved from CPSA to Cenpatico.

Children Access to Care

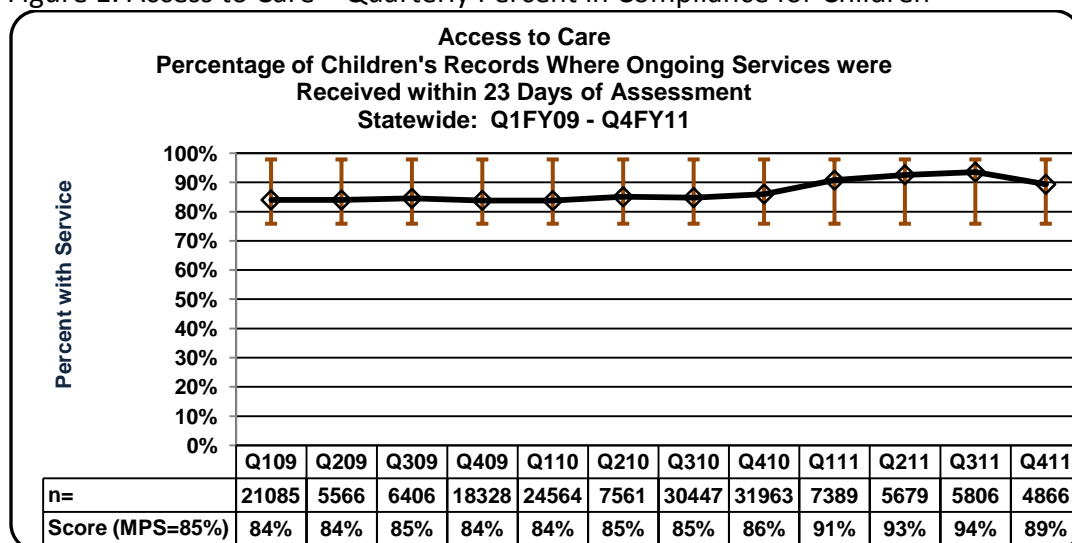
General Analysis

The Access to Care performance measure is described as “the percent of Arizona Health Care Cost Containment System (AHCCCS) members referred for or requesting behavioral health services for whom the first service was provided within 23 days of the initial assessment.”

Information from the Arizona Department of Health Services Division of Behavioral Health Services (ADHS/DBHS) Demographics System is used to define the measure’s population, and assessments and service delivery are identified with encounter data. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values will be 90 and 95 percent for FY2012.

Prior to this year, the metric was based on a rolling four quarters of data with a quarter (90 day) lag time; ADHS/DBHS is now reporting each quarter as a snapshot, with a restatement of the two previous quarters to reflect the arrival of additional encounters. See Figure 1 for quarterly performance since FY2009; the error bars on the chart represent three standard deviations from the mean of the plotted values.

Figure 1. Access to Care – Quarterly Percent in Compliance for Children



All of the Geographical Service Areas (GSAs)/Regional Behavioral Health Authorities (RBHAs) exceeded the MPS of 85 percent as shown in Table 2. The column labeled “p value” reflects whether the change from FY2010 to FY2011 is statistically significant at the 0.05 level, with red reflecting a decline and green an improvement. Figures 2 and 3 show quarterly RBHA performance.

Table 2. Access to Care – Annual Percent in Compliance for Children by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	89	89	(ns)
GSA 2 - Cenpatico 2	95	96	(ns)
GSA 3 - Cen 3/CPSA 3	93	88	(0.05)
GSA 4 - Cenpatico 4	97	97	(ns)
GSA 5 - CPSA 5	93	93	(ns)
GSA 6 - Magellan	81	92	(0.01)
Statewide	86	92	(ns)

Figure 2. Access to Care – Quarterly Percent in Compliance for Children in GSAs 1 – 3

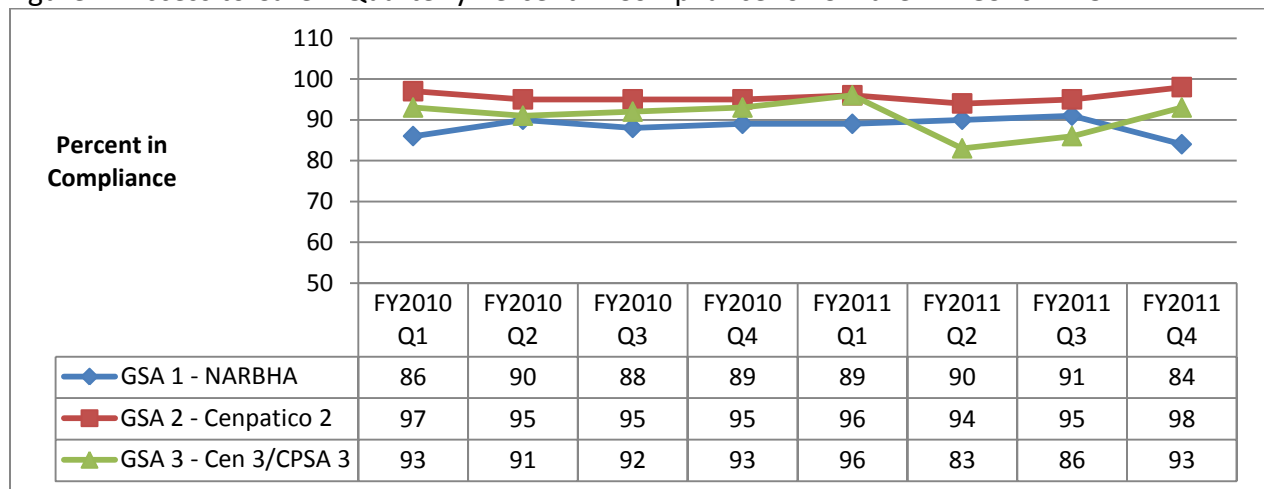
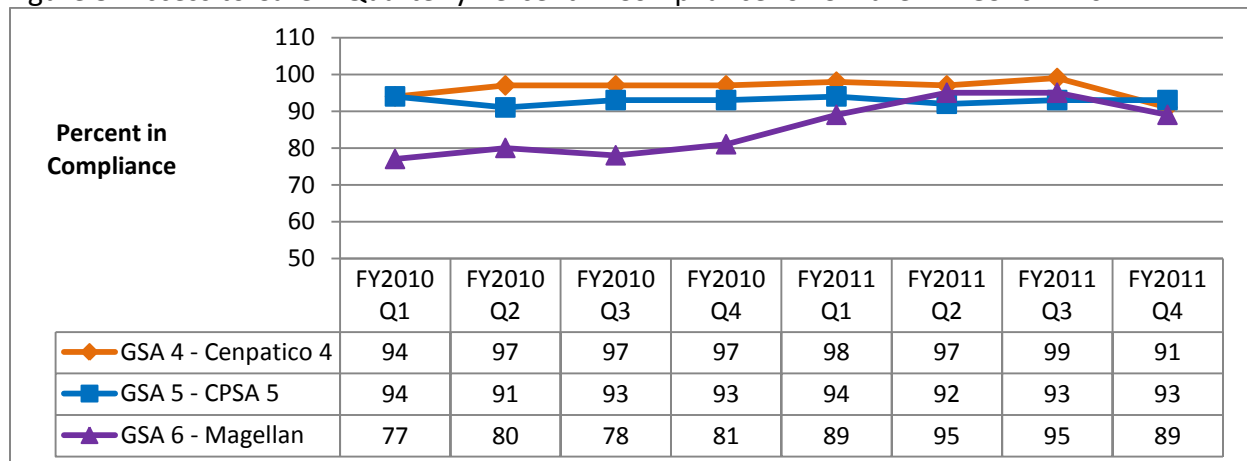


Figure 3. Access to Care – Quarterly Percent in Compliance for Children in GSAs 4 – 6



Analysis of Title XIX and Title XXI

Figure 4 shows the quarterly Access to Care statewide compliance rates for the Title XIX and XXI child subpopulations. The difference in the annual Access to Care rates for the two groups (92 and 93, respectively, in Table 3) is not statistically significant at the 0.05 level. Title XXI members represent just 3 percent of the Behavioral Health Recipients (BHRs) in this FY2011 Access to Care measure, a reflection of the decreasing number of Title XXI participants during this time period.

Figure 4. Access to Care – Quarterly Percent in Compliance for Title XIX and Title XXI Children

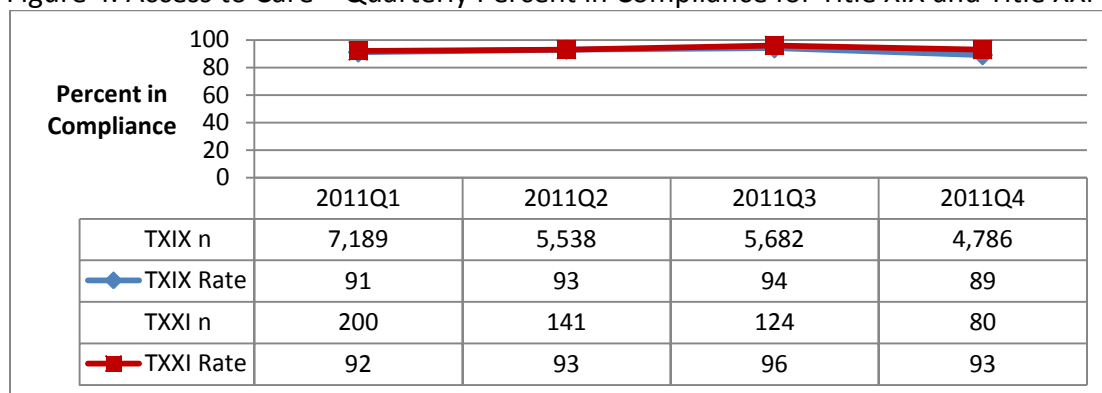


Table 3. Access to Care – Annual Performance Measure Results for Title XIX and Title XXI Children

	Number in Compliance	Qualifying Members	Percent in Compliance
TXIX Children	21,235	23,195	92
TXXI Children	507	545	93

Analysis of Developmentally Disabled and Non-Developmentally Disabled Subpopulations

Quarterly Access to Care compliance rates for the Developmentally Disabled (DD) and non-DD subpopulations for FY2011 are shown in Figure 5. Both groups had a statewide annual compliance rate of 92 percent. The number of qualifying members and compliance rates by RBHA are presented in Table 4. DD members made up 3 percent of the members reported in this Access to Care metric, which is consistent with the FY2011 DD population proportion of approximately 5 percent.

Figure 5. Access to Care – Quarterly Percent in Compliance for Non-DD and DD Children

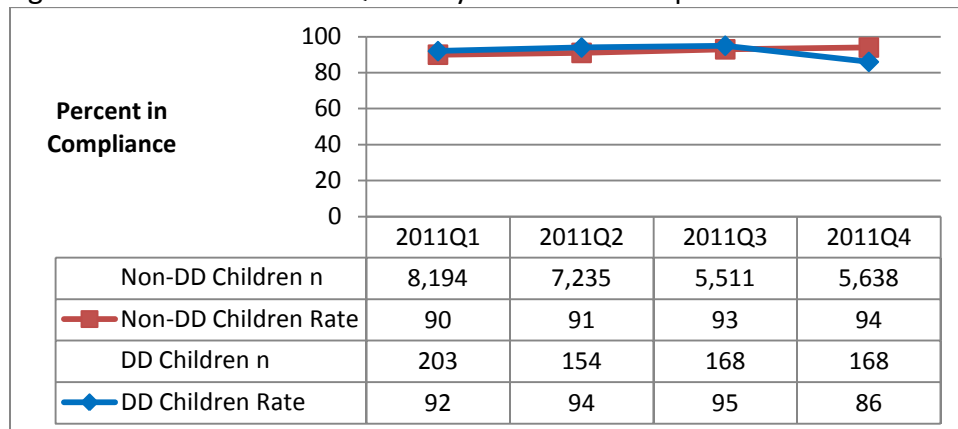


Table 4. Access to Care – FY2011 Annual Performance Measure Results for Non-DD and DD Children by RBHA and Statewide

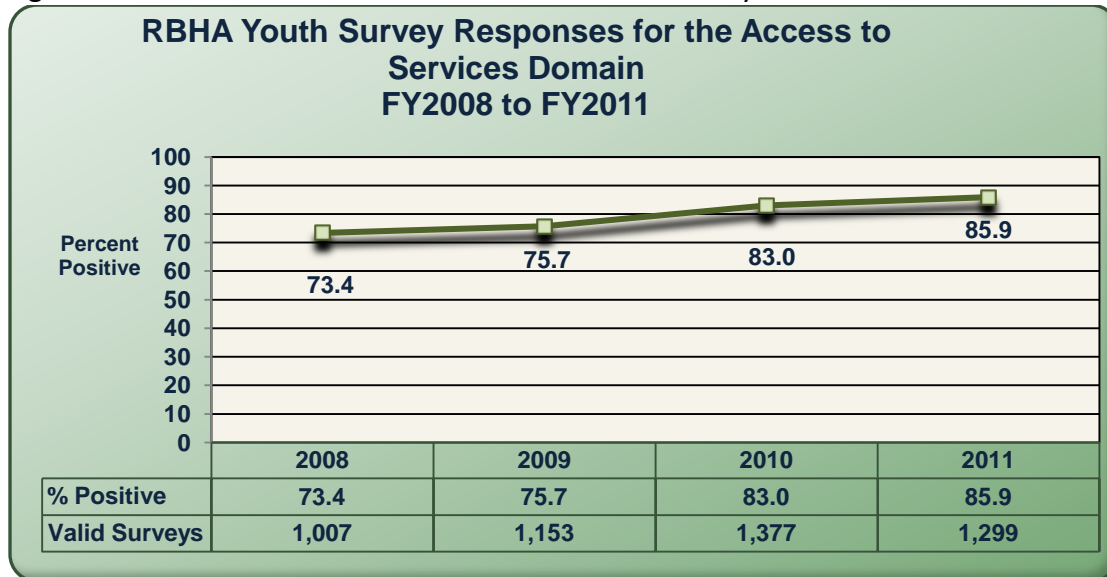
	Non-DD Children		DD Children	
	Qualifying Members	Compliance Rate	Qualifying Members	Compliance Rate
GSA 1 - NARBHA	2,910	89	54	85
GSA 2 - Cenpatico 2	437	96	3	100
GSA 3 - Cen 3/CPSA 3	821	88	30	80
GSA 4 - Cenpatico 4	775	97	10	100
GSA 5 - CPSA 5	5,528	93	162	92
GSA 6 - Magellan	12,576	92	434	93
Statewide	23,047	92	693	92

Access to Care – Related information

ADHS/DBHS Annual Consumer Survey

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Youth Services Survey for Families annually. A sample of members from each RBHA/GSA participates. Questions are organized into seven domains, including “Access to Services.” Figure 6 shows statewide results for children for that domain for the 2008 through 2011 survey administrations. The percent of positive responses has had an increasing trend during that time. Please see the 2011 Annual Consumer Survey Report for additional information.

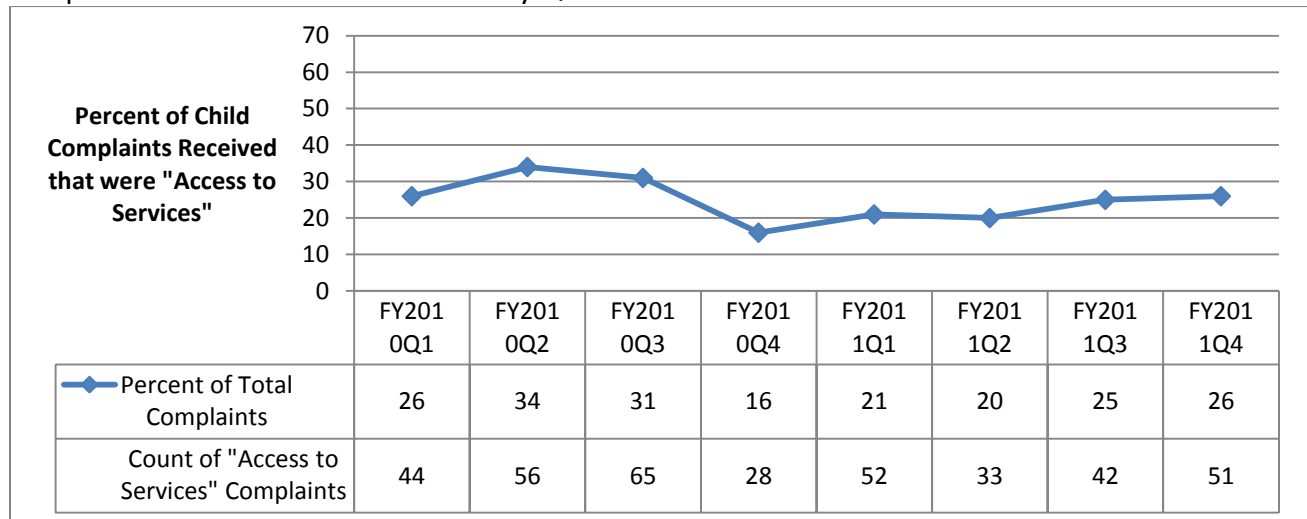
Figure 6. Access to Care – Annual Youth Consumer Survey Results for Access to Services Domain



Data from Monthly Complaint Logs from the RBHAs

Figure 7 contains the percent of total complaints and count of complaints in the “Access to Services” category. That category includes subcategories such as timeliness, office/appointment wait time, and no provider to meet needs.

Figure 7. Access to Care – Percent of Total Received and Count of “Access to Services” Complaints Received from Child BHRs by Quarter



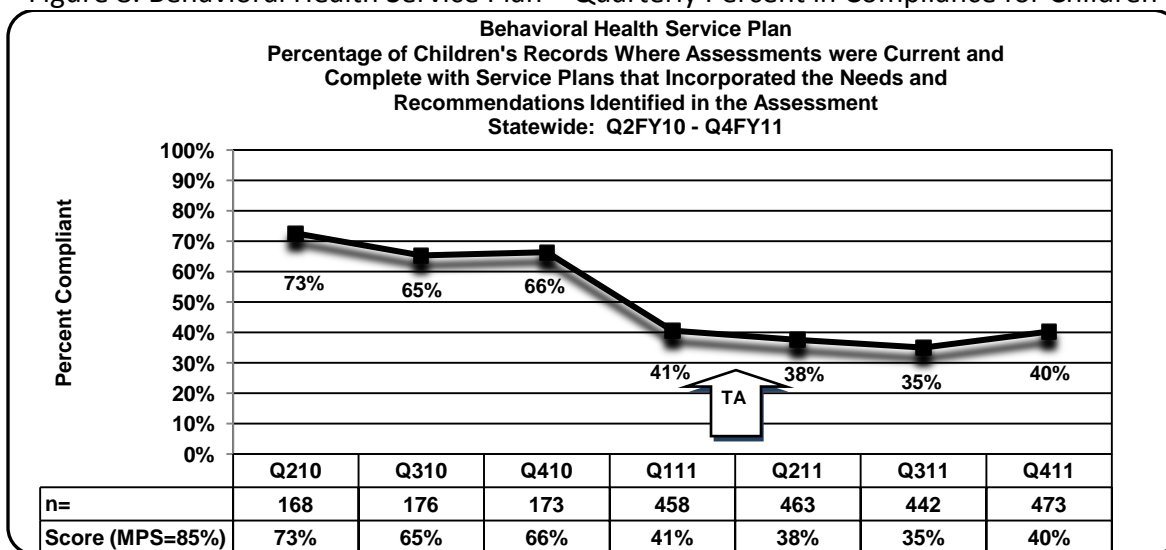
Children Behavioral Health Service Planning

General Analysis

The Behavioral Health Service Plan (BHSP) performance measure is described as “the percent of AHCCCS members with current service plans that incorporate the needs and service recommendations identified in their assessments.” Assessments and service plans for a random sample of members are reviewed to derive the data for the measure. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values are unchanged for FY2012.

There were a number of changes and data limitations that posed challenges during FY2011. First, unlike FY2010 when the RBHAs performed the reviews, ADHS/DBHS reviewed the charts in FY2011. Second, beginning in this fiscal year the performance measure was changed to require signatures on the assessment and service plan by certain dates. Technical assistance was provided when the changes were implemented. Third, each GSA’s random sample had been drawn to meet a 95 percent confidence level and a 5 percent error rate, requiring a significant effort to collect and process the 1,835 child BHR charts. A 90 percent confidence level and 10 percent error rate had been used in FY2010, resulting in a review of 517 charts. We have returned to a 90/10 sample in FY2012. Fourth, delayed synchronization of the AHCCCS and ADHS data systems contributed to late Q2 and Q3 starts on this measure, such that samples for those quarters were first drawn in May 2011. Given that data processes are now more fully seasoned, these delays can be avoided in the future. Figure 8 presents quarterly statewide results for FY2010 and FY2011.

Figure 8. Behavioral Health Service Plan – Quarterly Percent in Compliance for Children



There was a decrease in BHSP compliance rates from FY2010 to FY2011 for all GSAs as well as statewide, with most of the declines being statistically significant at the 0.05 level (see Table 5). None of the GSAs met the MPS of 85% at any quarter in the fiscal year as seen in Figures 9 and 10. ADHS/DBHS convened a focus group with the RBHAs in November 2011 to investigate the root causes of the low compliance rates, and to identify ways to address those issues. The results from that meeting have contributed to performance improvement efforts undertaken by ADHS/DBHS and the RBHAs, which will continue, along with technical assistance, through FY2012.

Table 5. Behavioral Health Service Plan – Annual Percent in Compliance for Children by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	98	35	(0.00)
GSA 2 - Cenpatico 2	62	35	(0.00)
GSA 3 - Cen 3/CPSA 3	51	35	(0.00)
GSA 4 - Cenpatico 4	69	60	(ns)
GSA 5 - CPSA 5	59	36	(0.00)
GSA 6 - Magellan	65	29	(0.00)
Statewide	68	38	(0.00)

Figure 9. Behavioral Health Service Plan – Quarterly Percent in Compliance for Children in GSAs 1 – 3

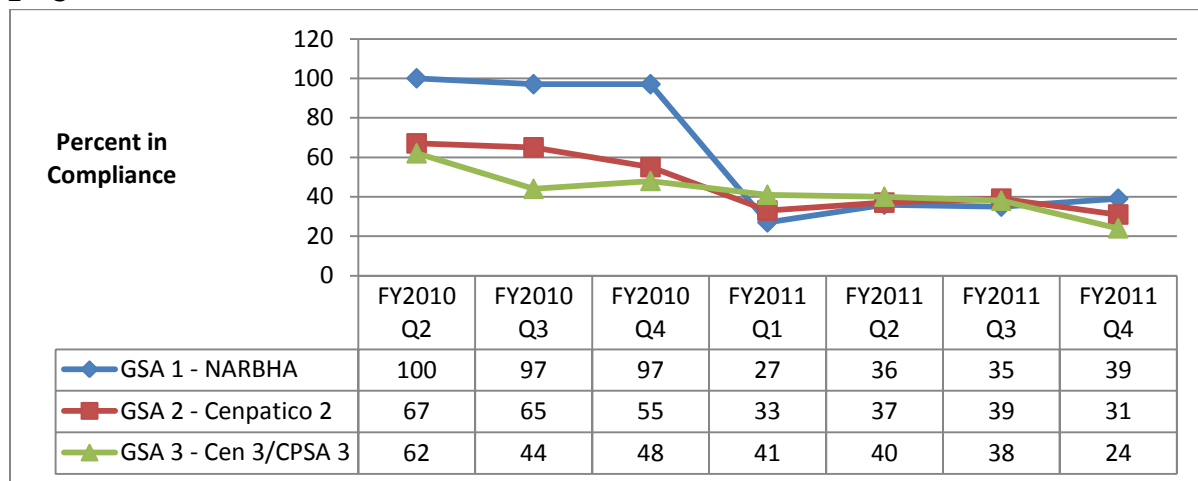
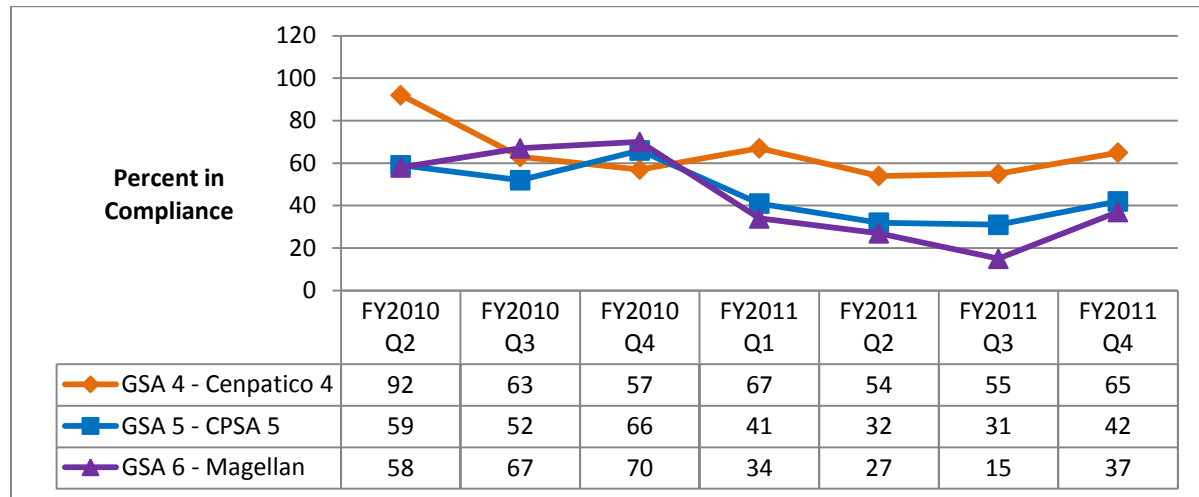


Figure 10. Behavioral Health Service Plan – Quarterly Percent in Compliance for Children in GSAs 4 – 6



Analysis of Title XIX and Title XXI

Figure 11 shows the quarterly statewide BHSP compliance rates for the Title XIX and XXI child subpopulations. As shown in Table 6, the FY2011 annual BHSP compliance rates are 39 and 34 percent for Title XIX and XXI, respectively, which are not significantly different at the 0.05 level. Title XXI members made up 2 percent of the sample for this performance measure in FY2011; this proportion is consistent with the statewide proportion of Title XXI members, which declined throughout the fiscal year.

Figure 11. Behavioral Health Service Plan – Quarterly Percent in Compliance for Title XIX and Title XXI Children

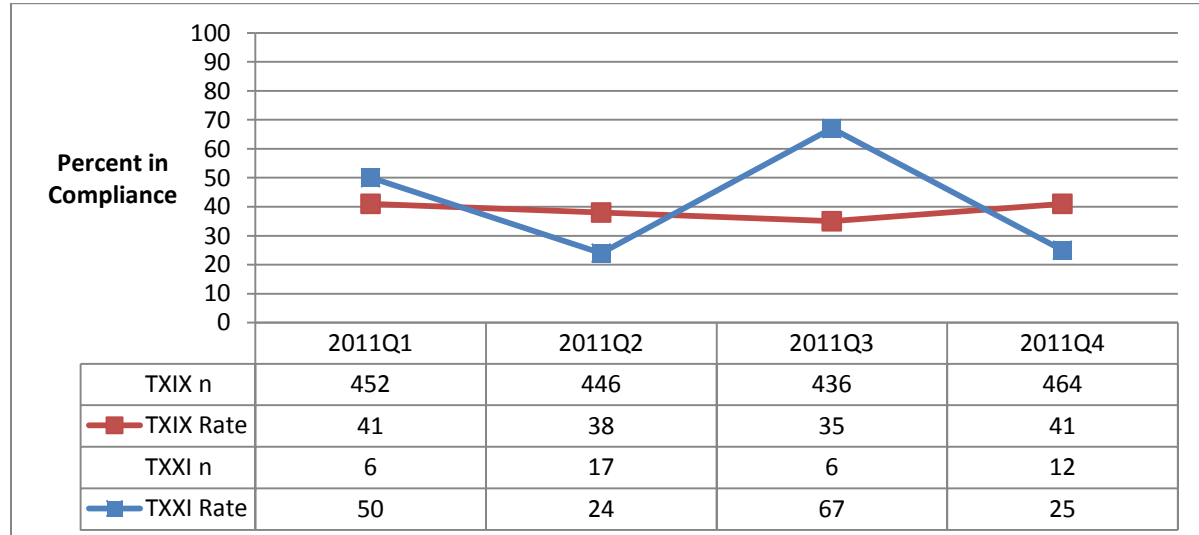


Table 6. Behavioral Health Service Plan – Annual Performance Measure Results for Title XIX and Title XXI Children

	FY2011		
	Number in Compliance	Number in Sample	Percent in Compliance
TXIX Children	693	1,798	39
TXXI Children	14	41	34

Analysis of DD and Non-DD Subpopulations

Quarterly BHSP compliance rates for the DD and non-DD subpopulations for FY2011 are shown in Figure 12. The difference in statewide annual compliance rates is not statistically significant at the 0.05 level. The number of charts reviewed and compliance rates by RBHA are presented in Table 7. DD members made up 7 percent of the charts reviewed for this performance measure; that group is approximately 5 percent of the statewide Title XIX/XXI population.

Figure 12. Behavioral Health Service Plan – Quarterly Percent in Compliance for Non-DD and DD Children

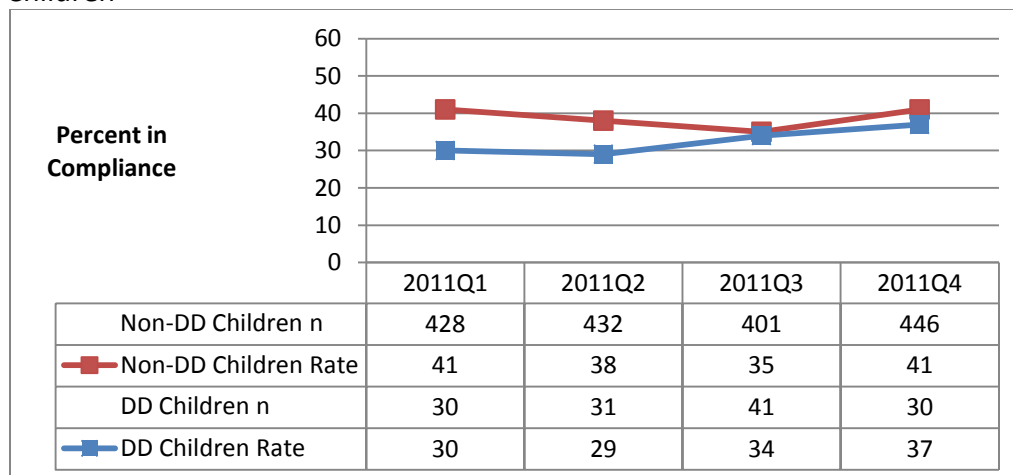


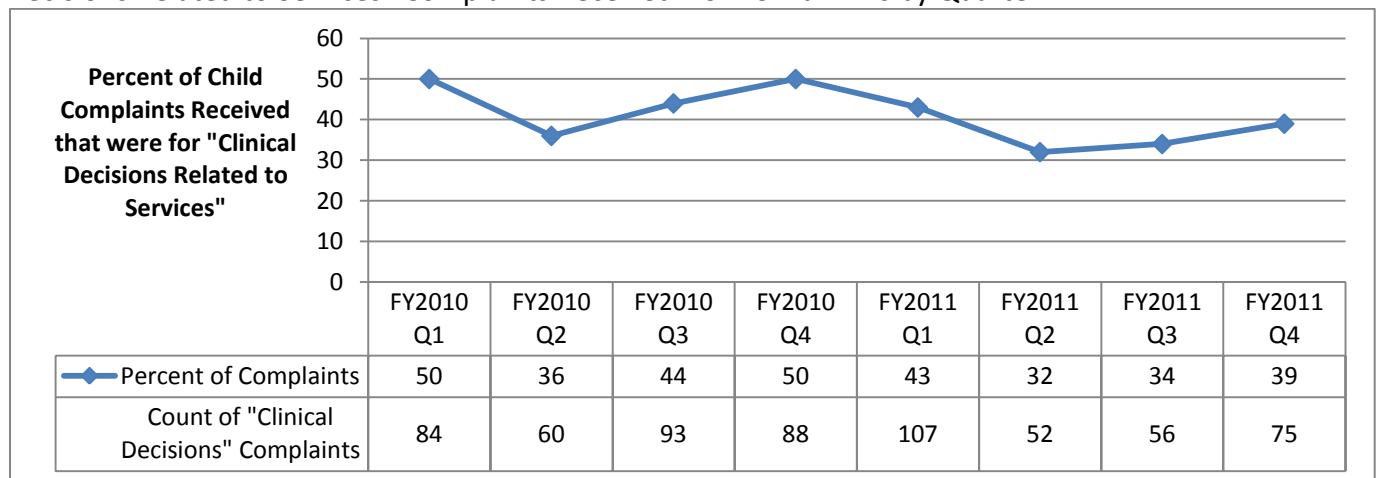
Table 7. Behavioral Health Service Plan – Annual Performance Measure Results for Non-DD and DD Children by RBHA and Statewide

	Non-DD Members		DD Members	
	Charts Reviewed	Compliance Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	314	35	17	24
GSA 2 - Cenpatico 2	224	35	24	38
GSA 3 - Cen 3/CPSA 3	258	36	6	17
GSA 4 - Cenpatico 4	295	60	21	67
GSA 5 - CPSA 5	320	37	28	32
GSA 6 - Magellan	296	30	36	17
Statewide	1,707	39	132	33

Behavioral Health Service Planning – Related information

Member complaints can help to complete the picture of performance. Figure 13 contains the percent of total complaints and count of complaints in the “Clinical Decisions Related to Services” category, based on monthly complaint logs from the RBHAs. That category includes subcategories such as concerns regarding medication and assessment/service plan content.

Figure 13. Behavioral Health Service Planning – Percent of Total Received and Count of “Clinical Decisions Related to Services” Complaints Received from Child BHRs by Quarter

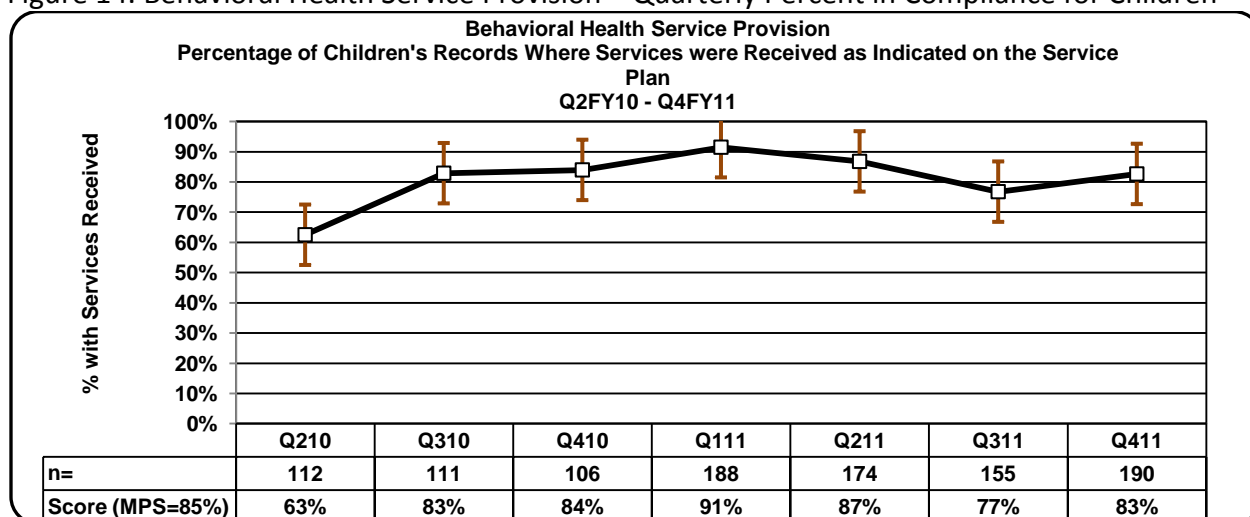


Children Behavioral Health Service Provision

General Analysis

The Behavioral Health Service Provision (BHSPv) performance measure is based on Behavioral Health Service Plan (BHSP) information, measuring “the percent of AHCCCS members who received the services that were recommended in their Service Plans.” Encounters for sampled members who were found to have current and complete Service Plans during the BHSP review are analyzed to determine whether recommended services have occurred. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 85 and 95 percent, respectively; those values are unchanged for FY2012. See Figure 14 for quarterly statewide compliance rates since participation in the measure began in the second quarter of FY2010; the error bars on the chart represent three standard deviations from the mean of the plotted values.

Figure 14. Behavioral Health Service Provision – Quarterly Percent in Compliance for Children



None of the GSAs had a decrease in annual BHSPv compliance rates for children members, and there were statistically significant increases for GSAs 3 and 6, and statewide as seen in Table 8 and Figures 15 and 16. The ADHS/DBHS QM Committee has recommended a Corrective Action Plan for GSAs 1 and 2 due to performance in FY2010 and FY2011 that has been below the MPS both years.

Table 8. Behavioral Health Service Provision – Annual Percent in Compliance for Children by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=85%)	FY2011 (MPS=85%)	p value
GSA 1 - NARBHA	76	77	(ns)
GSA 2 - Cenpatico 2	77	78	(ns)
GSA 3 - Cen 3/CPSA 3	64	89	(0.00)
GSA 4 - Cenpatico 4	80	86	(ns)
GSA 5 - CPSA 5	83	85	(ns)
GSA 6 - Magellan	72	96	(0.00)
Statewide	77	85	(0.05)

Figure 15. Behavioral Health Service Provision – Quarterly Percent in Compliance for Children in GSAs 1 - 3

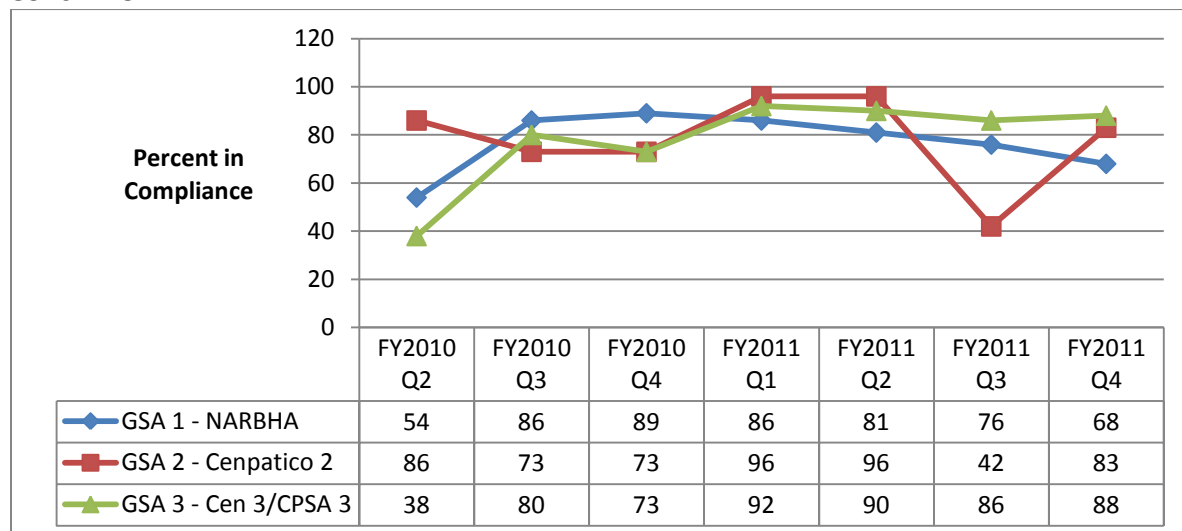
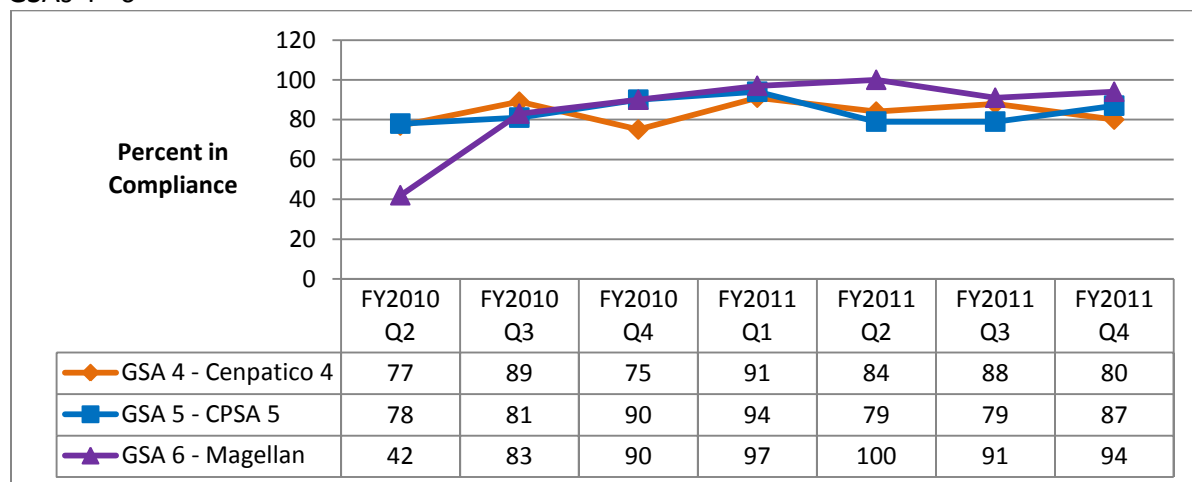


Figure 16. Behavioral Health Service Provision – Quarterly Percent in Compliance for Children in GSAs 4 –6



Analysis of Title XIX and Title XXI

Figure 17 shows the quarterly statewide BHSPv compliance rates for the Title XIX and XXI child subpopulations. The difference in the annual rates for the two groups (85 and 72, respectively), is statistically significant at the 0.05 level, though the number of Title XXI charts reviewed is very small. See Table 9. Title XXI members made up 3 percent of the charts reviewed for this Service Provision measure, consistent with the decreasing Title XXI statewide population in FY2011.

Figure 17. Behavioral Health Service Provision – Quarterly Percent in Compliance for Title XIX and Title XXI Children

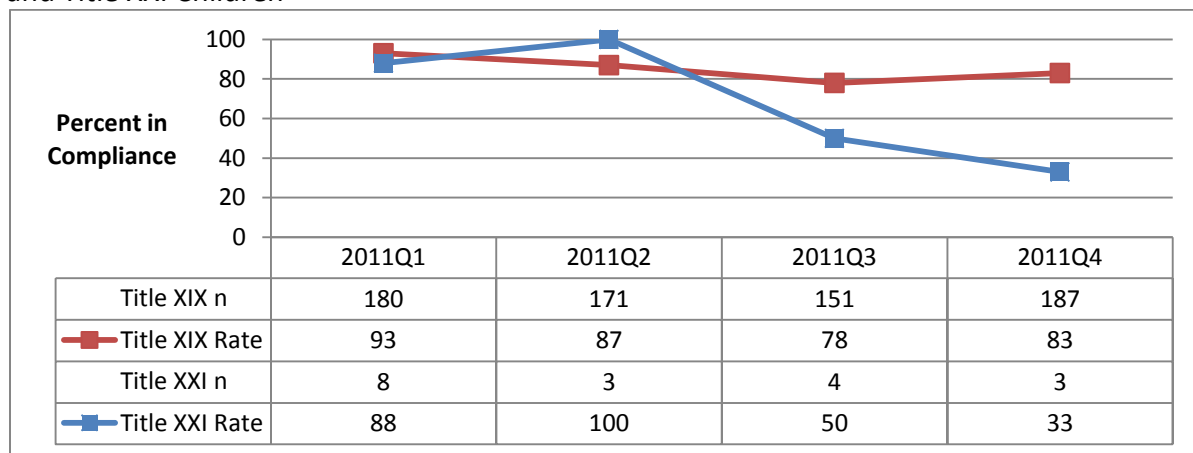


Table 9. Behavioral Health Service Provision – Annual Performance Measure Results for Title XIX and Title XXI Children

	FY2011		
	Number in Compliance	Number in Sample	Percent in Compliance
TXIX Children	588	689	85
TXXI Children	13	18	72

Analysis of DD and Non-DD Subpopulations

Quarterly BHSPv compliance rates for the DD and non-DD child subpopulations for FY2011 are shown in Figure 18. The difference in statewide annual BHSPv compliance rates is statistically significant at the 0.05 level. The number of charts reviewed and compliance rates by RBHA are presented in Table 10. As noted, this measure is based on the results of the BHSP measure. DD members made up 6 percent of the children's charts reviewed in this performance measure; this is similar to the 5 percent statewide population of DD children members.

Figure 18. Behavioral Health Service Provision – Quarterly Percent in Compliance for Non-DD and DD Children

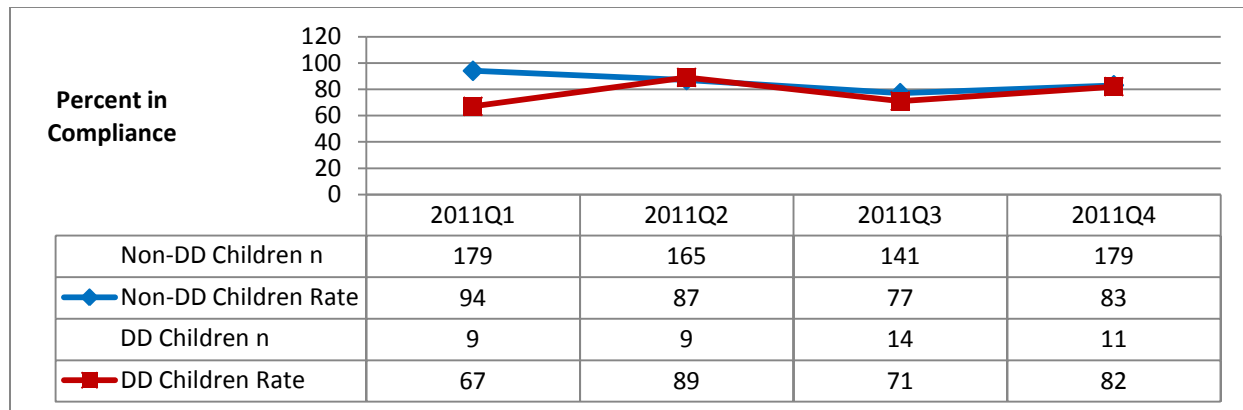


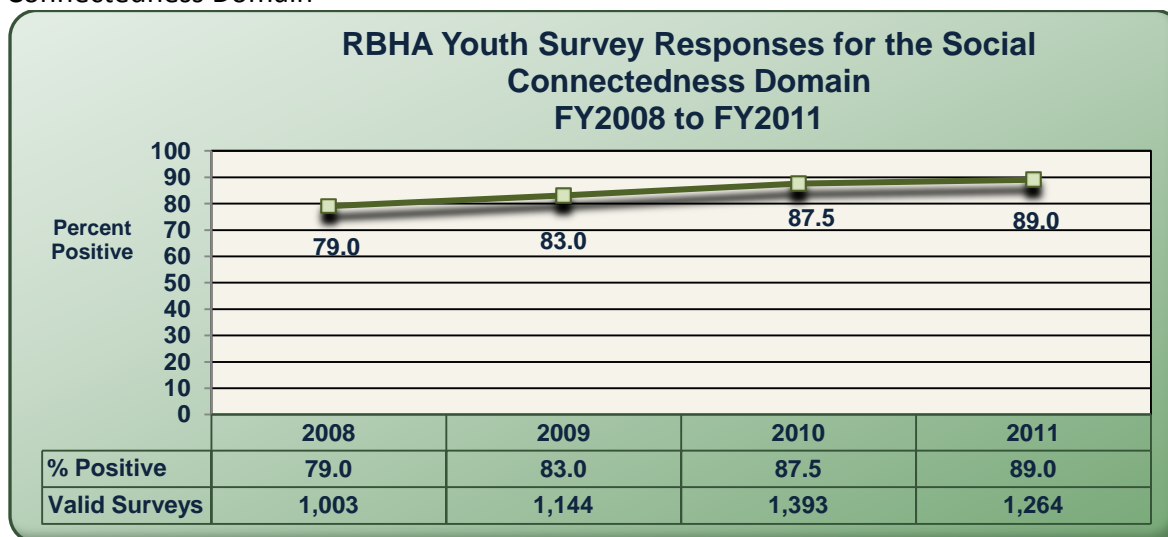
Table 10. Behavioral Health Service Provision – Annual Performance Measure Results for Non-DD and DD Children by RBHA and Statewide

	Non-DD Children		DD Children	
	Charts Reviewed	Compliance Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	111	77	4	75
GSA 2 - Cenpatico 2	79	81	9	56
GSA 3 - Cen 3/CPSA 3	91	89	1	100
GSA 4 - Cenpatico 4	175	87	14	64
GSA 5 - CPSA 5	117	84	9	100
GSA 6 - Magellan	91	96	6	100
Statewide	664	86	43	77

Behavioral Health Service Provision – Related information

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Youth Services Survey for Families annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including “Social Connectedness,” which reflects the family’s perspective of available support. Figure 19 shows statewide results for that domain for the 2008 through 2011 survey administrations.

Figure 19. Behavioral Health Service Provision – Annual Youth Services Survey Results for Social Connectedness Domain

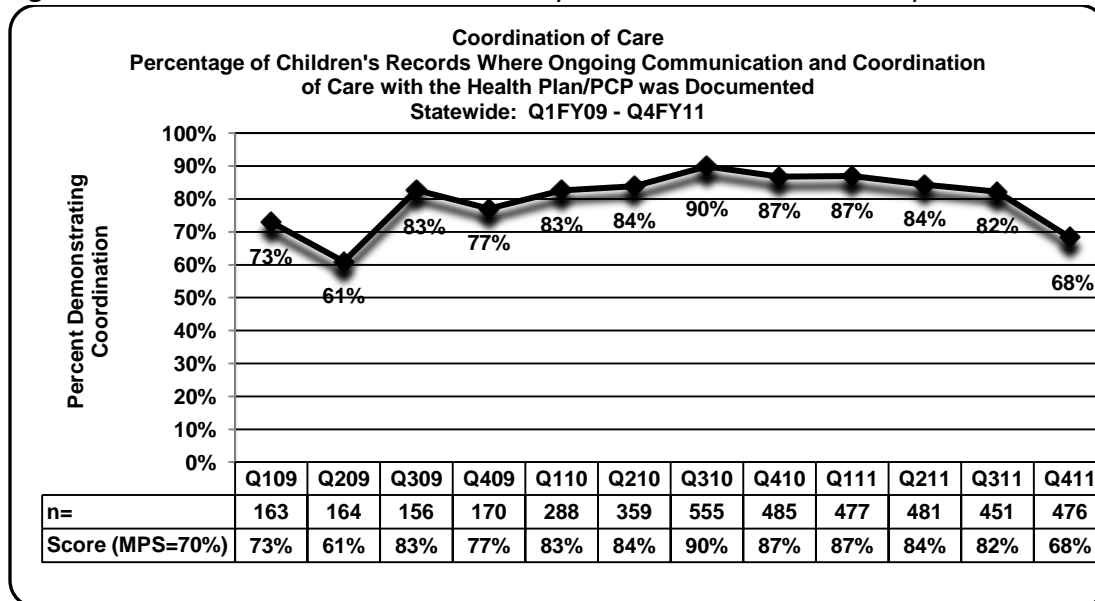


Children Coordination of Care

General Analysis

The Coordination of Care performance measure reflects the extent to which behavioral health service providers communicated behavioral health clinical and contact information to members’ Primary Care Physicians/Health Plans. This measure had been known in previous years as “Coordination of Care # 2 – Communication”. The measure is calculated from the results of a chart audit of a sample of members, performed by the RBHAs each quarter. The resulting rate is the percentage of sampled members with chart evidence of that communication. This measure’s Minimum Performance Standard (MPS) and Goal for FY2011 are 70 and 90 percent, respectively; those values will be 85 and 95 percent for FY2012. Figure 20 shows quarterly statewide performance for FY2009 through FY2011.

Figure 20. Coordination of Care – Quarterly Statewide Percent in Compliance for Children



The FY2011 statewide Coordination of Care annual rate decreased from the FY2010 rate, though that decline is not statistically significant at the .05 level (Table 11). Performance by RBHA is shown in Figures 21 and 22. The annual percent compliance for GSA 1, 4, and 6 members shows a statistically significant decrease, though the annual rates for all GSAs exceeded the MPS for FY2011. The ADHS/DBHS QM Committee has recommended a Corrective Action Plan for GSAs 4 and 6.

Table 11. Coordination of Care – Annual Percent in Compliance for Children by RBHA and Statewide

GSA/RBHA	FY2010 (MPS=70%)	FY2011 (MPS=70%)	p value
GSA 1 - NARBHA	92	86	(0.05)
GSA 2 - Cenpatico 2	89	87	(ns)
GSA 3 - Cen 3/CPSA 3	73	73	(ns)
GSA 4 - Cenpatico 4	90	81	(0.00)
GSA 5 - CPSA 5	87	86	(ns)
GSA 6 - Magellan	88	73	(0.00)
Statewide	87	81	(ns)

Figure 21. Coordination of Care – Quarterly Percent in Compliance for Children in GSAs 1 - 3

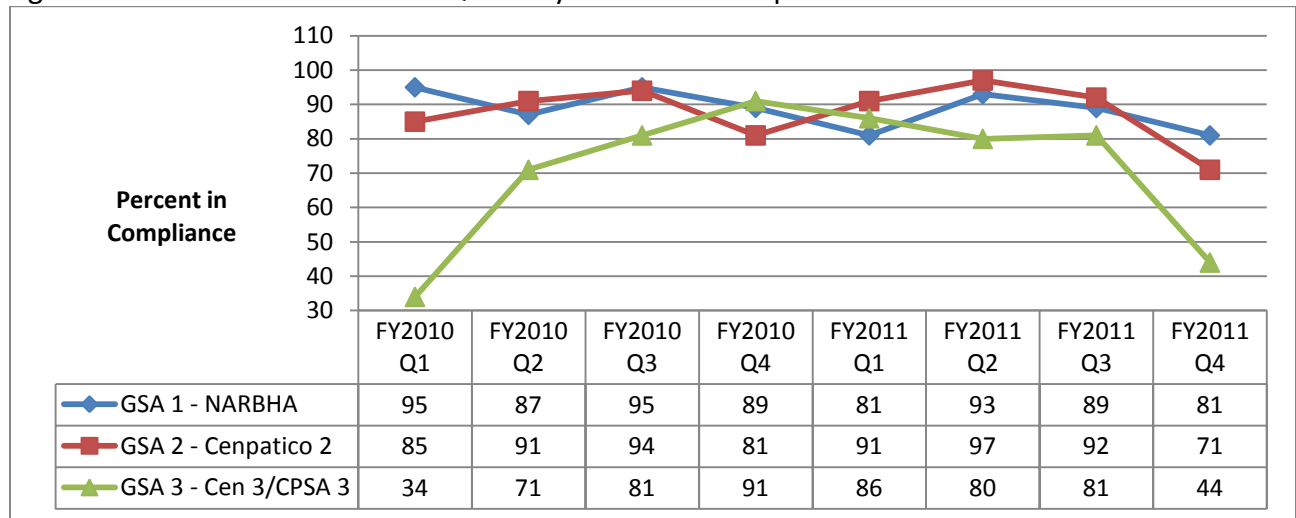
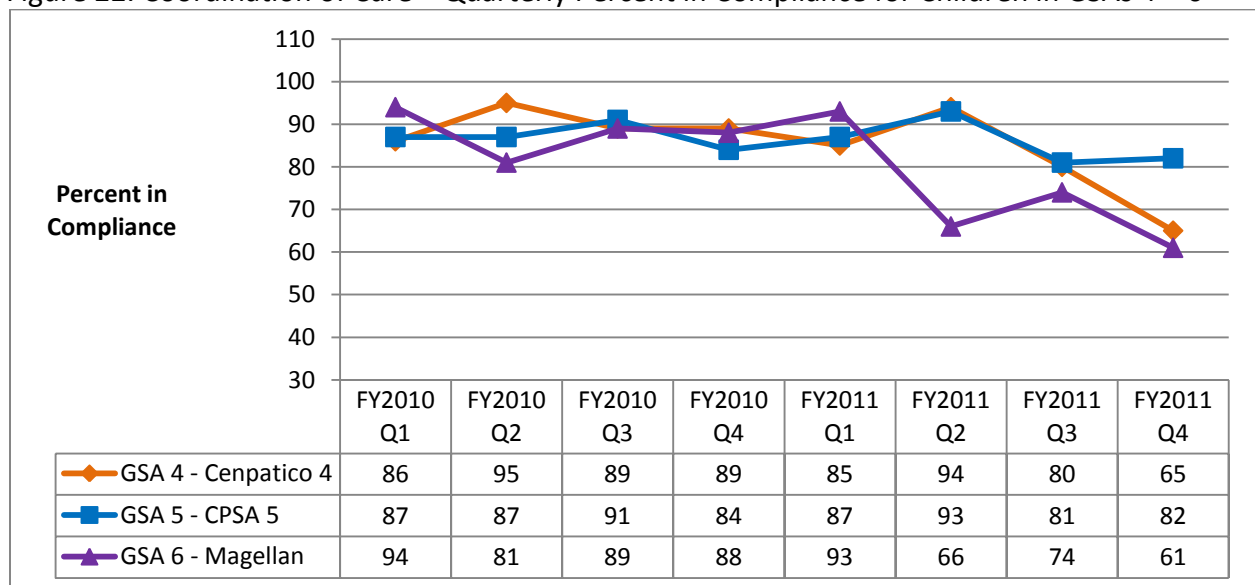


Figure 22. Coordination of Care – Quarterly Percent in Compliance for Children in GSAs 4 – 6



Analysis of Title XIX and Title XXI

Figure 23 shows the quarterly Coordination of Care statewide compliance rates for the Title XIX and XXI child subpopulations. As shown in Table 12, the FY2011 annual compliance rates are 81 and 88 percent for Title XIX and XXI, respectively, which are not significantly different at the 0.05 level. Charts for Title XXI children made up 4 percent of the sample, reflecting the decrease in Title XXI membership in FY2011.

Figure 23. Coordination of Care – Percent in Compliance for Title XIX and Title XXI Children Statewide by Quarter

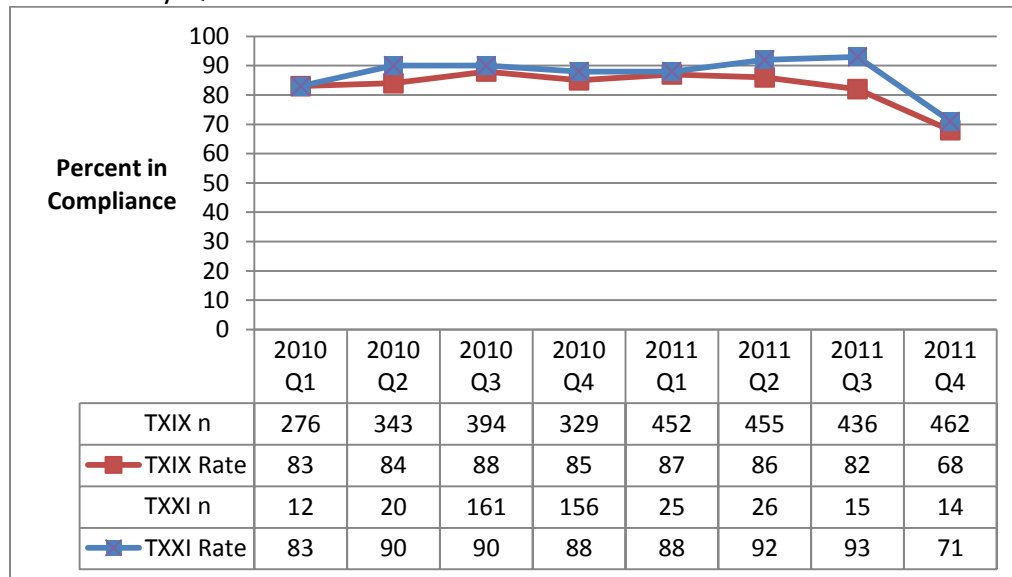


Table 12. Coordination of Care – Annual Results for Title XIX and Title XXI Children Statewide

	FY2010			FY2011		
	Number in Compliance	Number in Sample	Percent in Compliance	Number in Compliance	Number in Sample	Percent in Compliance
TXIX Children	1,143	1,342	85	1,457	1,805	81
TXXI Children	310	349	89	70	80	88

Analysis of DD and Non-DD Subpopulations

The FY2011 annual Coordination of Care compliance rates for the DD and non-DD child subpopulations were 88 and 81, respectively, as seen in Table 13. The difference in rates is statistically significant at the 0.05 level, with the DD group's rate better than that of the non-DD group. Although a DD-specific sample was not drawn, charts for DD members made up 7 percent of the measure. Approximately 5 percent of the statewide Title XIX/XXI population is DD members. See Figure 24 for quarterly compliance rates and Table 13 for annual sample sizes and rates by RBHA.

Figure 24. Coordination of Care – Quarterly Compliance Rates for DD and Non-DD Children Statewide

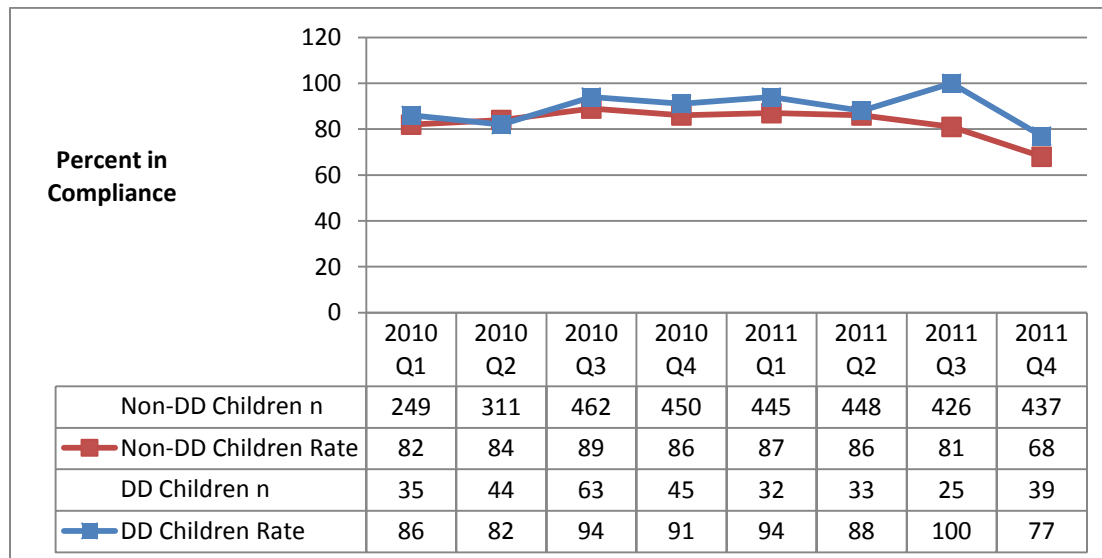


Table 13. Coordination of Care – Annual Performance Measure Results for Non-DD and DD Children by RBHA and Statewide

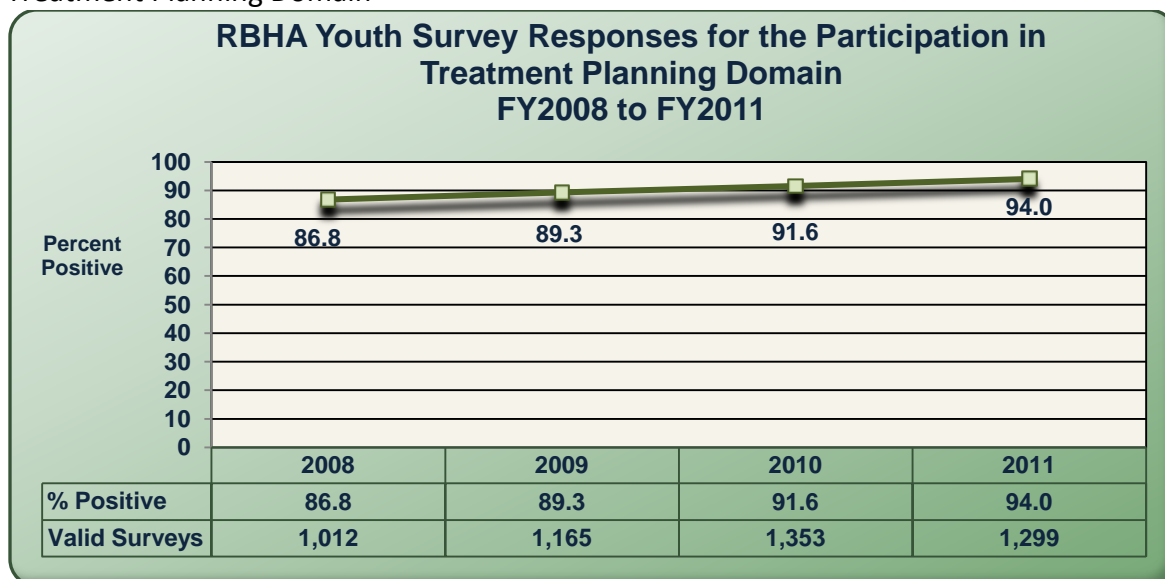
	Non-DD Members		DD Members	
	Charts Reviewed	Compliance Rate	Charts Reviewed	Compliance Rate
GSA 1 - NARBHA	319	85	22	100
GSA 2 - Cenpatco 2	223	87	23	87
GSA 3 - Cen 3/CPSA 3	240	73	12	83
GSA 4 - Cenpatco 4	297	81	22	86
GSA 5 - CPSA 5	334	85	21	91
GSA 6 - Magellan	343	73	29	83
Statewide	1,756	81	129	88

Coordination of Care – Related information

ADHS/DBHS Annual Consumer Survey

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Youth Services Survey for Families annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including “Participation in Treatment Planning.” Figure 25 shows statewide results for that domain for the 2008 through 2011 survey administrations. The percent of positive responses has had an increasing trend during that time.

Figure 25. Coordination of Care – Annual Youth Services Survey Results for Participation in Treatment Planning Domain



Data from Monthly Complaint Logs from the RBHAs

Approximately 5 percent of the complaints received from child members in FY2011 were in the Coordination of Care category, for a count of 35 complaints. This low percentage is similar to the 6 percent or 46 complaints in that category received in FY2010.

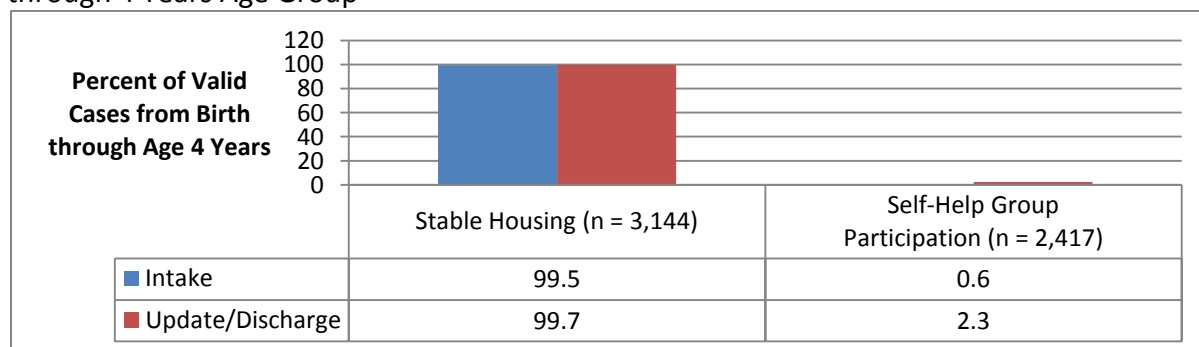
Children National Outcome Measures

ADHS/DBHS uses certain National Outcomes Measures (NOMs) domains as defined by the Substance Abuse and Mental Health Services Administration to assess BHR treatment outcomes. Information for the measures is pulled from the Client Information Systems (CIS), comparing each metric at intake to update/discharge. FY2011 results are presented here by recipient age group as appropriate, with domains defined as follows:

- Education: the BHR is attending school or a vocational program.
- Employment: the BHR is employed full or part time with and without supports.
- Substance Abstinence: the BHR has a history of drug/alcohol use, and reports no use of alcohol or other drugs in the 30 days prior to the assessment.
- Stable Housing: the BHR is not homeless, but is living independently, at home with family, or in therapeutic foster care.
- Arrest-Free: the percent of BHRs reporting no arrest in the 30 days prior to assessment.
- Participation in Self-help Group: the BHR has participated in a self-help or recovery group in the past 30 days.

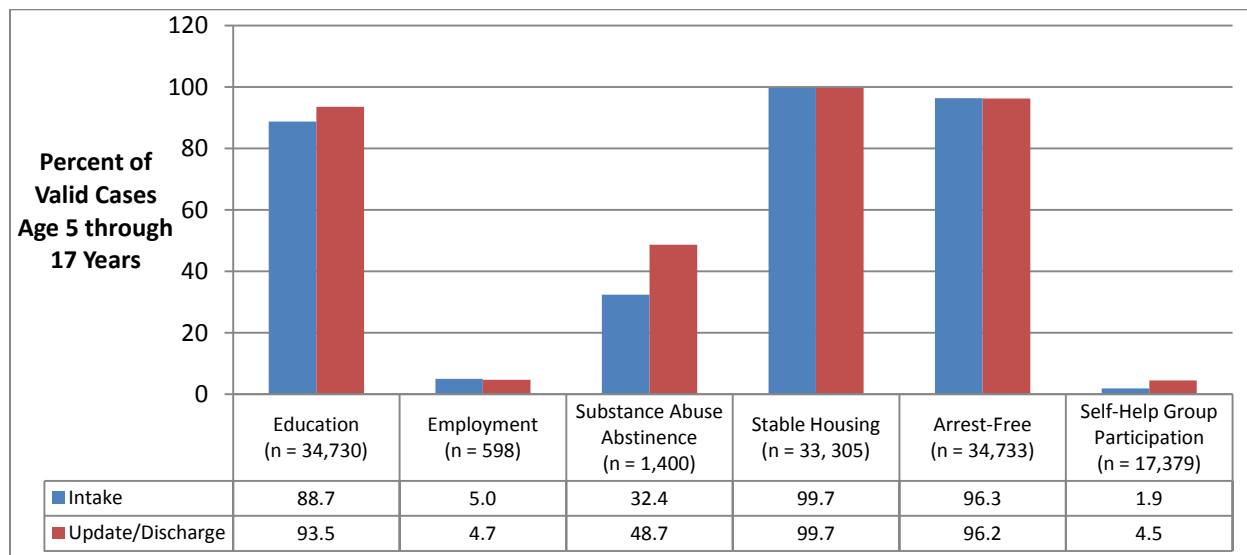
See Figure 26 for NOMs results for the birth through four years age group. The changes for both of these measures were statistically significant at the 0.05 level.

Figure 26. FY2011 National Outcome Measures – Percent of Children Statewide in the Birth through 4 Years Age Group



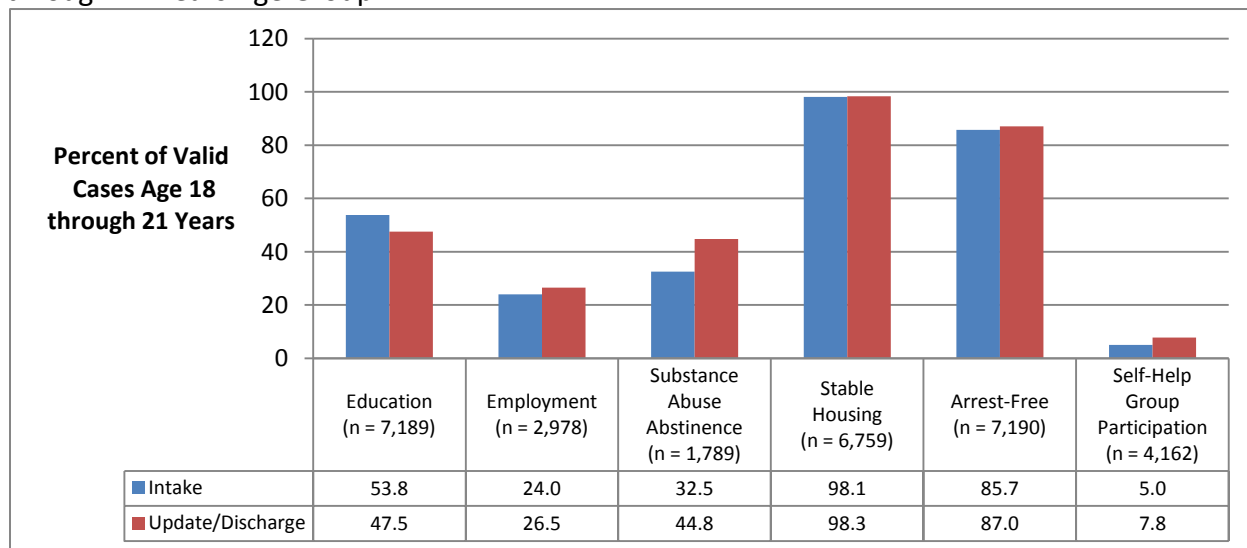
Results for the 5 through 17 years age group are presented in Figure 27. Changes for the Education, Substance Abuse Abstinence, and Self-Help Group Participation measures were statistically significant at the 0.05 level.

Figure 27. FY2011 National Outcome Measures – Percent of Children Statewide in the 5 through 17 Years Age Group



Results for the 18 through 21 years age group are presented in Figure 28. Except for the Stable Housing measure, changes for all of the measures were statistically significant at the 0.05 level.

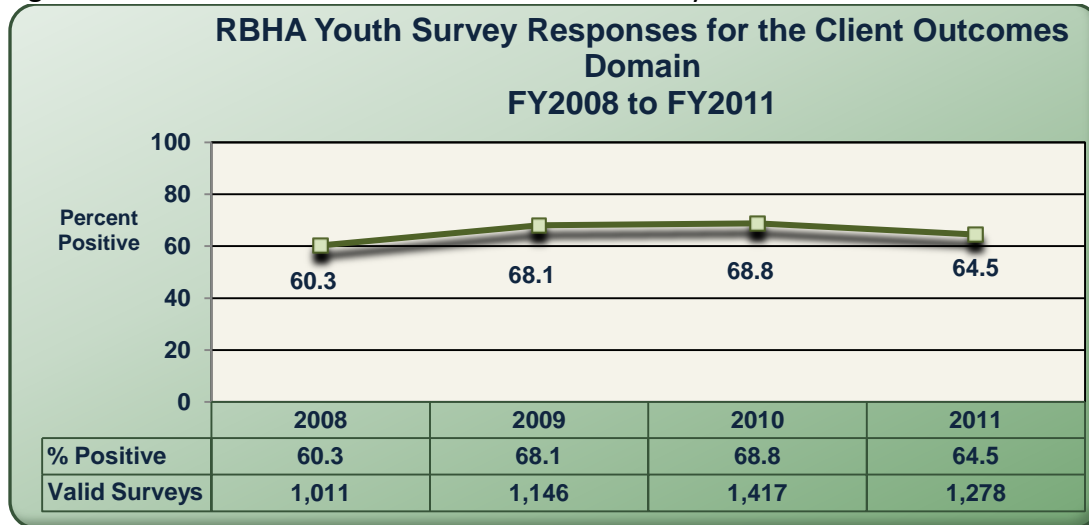
Figure 28. FY2011 National Outcome Measures – Percent of Children Statewide in the 18 through 21 Years Age Group



Outcomes – Related information

ADHS/DBHS conducts the Mental Health Statistics Improvement Program (MHSIP) Youth Services Survey for Families annually. A sample of members from each RBHA participates. Questions are organized into seven domains, including “Outcomes.” Figure 29 shows statewide results for that domain for the 2008 through 2011 survey administrations.

Figure 29. Outcomes – Annual Child Consumer Survey Results for Outcomes Domain



List of Acronyms

Annual Performance Improvement Report

Acronyms	Description
ADHS/DBHS	Arizona Department of Health Services/Division of Behavioral Health Services
AHCCCS	Arizona Health Care Cost Containment System
BHR	Behavioral Health Recipient
BHSP	Behavioral Health Service Plan
BHSPv	Behavioral Health Service Provision
CBHS	Cenpatico Behavioral Health Services
CIS	Client Information System
CPSA	Community Partnership of Southern Arizona
DD	Developmental Disabilities
GMH	General Mental Health
GSA	Geographical Service Area
MHSIP	Mental Health Statistics Improvement Program
MPS	Minimum Performance Standard
NARBHA	Northern Arizona Regional Behavioral Health Authority
NOMs	National Outcomes Measures
QM	Quality Management
RBHA	Regional Behavioral Health Authority
SA	Substance Abuse
SAMSHA	Substance Abuse and Mental Health Services Administration
SMI	Serious Mental Illness
RBHA	Regional Behavioral Health Authority
YSS-F	Youth Services Survey for Families